

PHYSICAL INCAPACITY, ITS ASSESSMENT WITH AN  
ANALYSIS OF 1200 CASES.

A THESIS PRESENTED FOR THE DEGREE OF M. D.

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# I N D E X.

	<u>Pages.</u>
Introductory ... ..	1 - 6
(1) Epidemic, Endemic and Infectious Diseases ...	7 - 23
(2) General Diseases not included in (1) ...	24 - 42
(3) Diseases of Nervous System & Sense Organs ...	43 - 58
(4) Diseases of Circulatory System ...	59 - 79
(5) Diseases of the Respiratory System ...	80 - 87
(6) Diseases of the Digestive System ...	88 - 96
(7) Diseases, Non-Venereal, of the Genito Urinary System and Annexa ...	97 - 101
(8) Pregnancy and Puerperal State ...	102 - 111
(9) Diseases of the Skin ...	112 - 115
(10) Diseases of the Bone & of Organs of Locomotion.	116 - 120
(11) Diseases, External Causes ...	121 - 124
(12) Neurasthenia & other Diseases of ill- defined Cause ...	125 - 138
Light Work ...	139 - 140
Summary and Conclusions...	141 - 148
Map of Area from which Cases were drawn...	149

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## INTRODUCTORY.

The assessment of "Physical Incapacity", i.e. incapacity for work is one of the important duties of every panel practitioner.

It is an essential part of his contract that he shall grant a certificate when he considers an insured person incapable of work, (strictly speaking on the insured person's request) that he shall continue to do so throughout the course of the illness constituting the incapacity, and further, state precisely the illness from which the patient is suffering. The duty of the panel practitioner, therefore, does not solely lie in giving Medical Benefit, he must determine that benefit be not unjustly paid, to the detriment of the deserving, of the Approved Society of which the patient is a member, or of the State. The Statute defines Sickness Benefit as "Periodical payments whilst rendered incapable of work by some specific disease, or by bodily or mental disablement".

It is to be noted that "work" is not defined nor is the phrase qualified. Moreover, any attempt to do so in a definite way leads into a morass of difficulties. It is not surprising, therefore, that there is by no means complete agreement in medical, legal and lay minds as to what interpretation there is to be put upon the word "work". However remote the prospect of agreement may be, the panel practitioner/

practitioner has to formulate in his own mind certain guiding principles however insufficiently he may be able to support them in verbal or written agreement.

Medicine, above all things is a practical art, its knowledge has to be applied practically, and having determined by careful examination the pathological condition present, the question arises, do the findings constitute physical incapacity. Physical Incapacity for what? To begin with, clearly for the work that the insured person has been accustomed to do, what he has been trained for, and which is the means of earning his livelihood. Admittedly, if it be clear that the disease or disablement is such that the former work cannot be pursued, or, where physical fitness has reached the stage where no further improvement can be looked for, then the criterion of the former employment must be waived. It is then, that a timeous change of occupation suited to the disability must be considered, which, if the insured person be considered capable of, will cause physical incapacity to cease. I cannot help emphasising, what is to me clear and important, that ultimately the question falls to be settled on medical grounds.

In the administration of a measure where many interests are involved and many opinions given, such an assertion would be strenuously opposed, and it would be pointed out that a certain set of signs and symptoms do not imply a mathematical coefficient of diminished capacity. That may be so, but clinical/



clinical knowledge and experience do constitute in the mind of every practitioner a working rule, if not a geometrical one, and however empirical and individual, it is the only equation available.

Incapacity as it appears to the lay mind is a rigid thing, commencing one day and ending on another, medically it is not rigid but pliable, and hence every case ought to be judged on its merits and individually, and the more individually each is judged the less is the chance of hardship to the insured on the one hand, or to the Approved Society on the other. Physical fitness is a relative individual term, and the assessment of incapacity must be gauged by a careful scrutiny of the subjective symptoms, accurate observation of the objective signs, a general knowledge of the disease present, and the stage it has reached. Legally the kind of work does not call for consideration, but if the fitness has to be for the usual work the person is accustomed to perform, it is clearly essential to take into account whether the work be active or sedentary, strenuous or light.

The National Health Insurance Act, by encouraging patients to seek medical advice and treatment when first the signs and symptoms of disease appear, becomes also a preventive measure, and an analysis of cases in receipt of Medical Benefit and certified as incapable of work, is one means whereby the efficacy of preventive measures may be tested. One of the triumphs of medicine may be expressed in terms/

terms of an increased working capacity on the part of each "civic unit", and there is no doubt that the effect of the Act has been to disclose an enormous amount of unsuspected sickness and disease. To quote the words of one of the witnesses examined by the Departmental Committee on Sickness Benefit claims under the National Health Insurance Act, "I thought I knew how much illness there was in my neighbourhood, but I had no conception of the amount of real illness that existed until I was brought in contact with it through the Act", q.v. Par. 59.

Analysis further, of the cases is a guide to the determination of the age when capacity for remunerative work may normally be expected to cease. The State has taken the responsibility of the care of all workers over 70 years of age, on the ground that they no longer are capable of earning their living. By consideration of the most common incapacitating diseases between the ages of 60 and 70, and the consideration from the medical point of view as to the permanence of the incapacity, some idea will be formed as to whether 70 is an ideal age for the withdrawal of the worker from the labour market. It is interesting in this connection to refer to the cases on Disablement Benefit on one day of one of the fairly large Approved Societies comprising both men and women. Number on Disablement Benefit 198. Men 94. Women 104. Number aged 60 and over. Men 29. Women 34.

In the case of a small Society for women members/

members only -

Number on Disablement Benefit 19.

Number aged 60 and over 13.

With a few possible exceptions all these patients were permanently unfit for work, and although the numbers are small, they are at least interesting in that they would suggest that 70 is on medical grounds not an ideal age for complete cessation of work.

The area from which the cases have been drawn is partly rural, partly urban (see attached map), it does not contain any large towns, thus such predisposing causes of incapacity as vitiated atmosphere, unduly bad housing conditions, excessive unemployment, and insufficient nourishment can be largely eliminated; on the other hand, the rigorous climate and arduous work under strenuous conditions of fish curers and fishermen, may account for the high percentage of arthritic diseases. At the same time the long period of stress and strain following the war and the war itself have undoubtedly lowered recuperative power, and it is only to be expected that incapacity from disease lasts longer than it would do at a time when the nation generally is well nourished and prosperous.

To briefly illustrate the importance of the subject from the financial point of view, it may be pointed out that in SCOTLAND the amount paid in Sickness, Disablement and Maternity Benefit actually amounts to somewhere in the region of £30,000 per week. The calculated number of insured persons in Scotland amounts/

6.  
amounts to 1,700,000.

The classification adopted is that agreed upon by the International Commission, Paris, dated Oct. 14th 1920, the sex, age in tens, length of time on benefit in weeks, the occupation and fitness or unfitness for work, and the disease are given in each case, and any interesting clinical findings are added.



7

1.

EPIDEMIC, ENDEMIC AND INFECT. DISEASES.

8

EPIDEMIC ENDEMIC AND INFECTIOUS DISEASES.

	<u>Male.</u> 50	<u>Female.</u> 41	<u>Fit.</u> 14	<u>Unfit.</u> 77	<u>Total.</u> 91
Phthisis					
Acute Tubercu- losis.	0	2	0	2	2
Tub. Pleuris c effus.	2	2	0	4	4
Tub. Glands	1	1	0	2	2
Tub. Bursitis (Trochanteric)	0	1	1	0	1
Tub. Knee	4	4	0	8	8
Tub. Hip	0	3	0	3	3
Tub. Ankle	1	2	0	3	3
<b>Lupus Face</b>	0	2	1	1	2
(Lupus Verrucosus Plantar.)	1	0	0	1	1
Tub. Peritonitis	0	1	0	1	1
Tub. Kidney	4	0	0	4	4
Tub. Testis	1	0	0	1	1
Spinal Caries	0	2	0	2	2
Influenza	4	10	8	6	14
(Infantile Par c Paresis)	0	1	0	1	1
Septic Foot	1	0	1	0	1
Gonorrhoea	0	1	0	1	1
Primary Syphilis	0	1	0	1	1
Tertiary	2	0	2	0	2
Congenital	0	1	0	1	1
Cerebral Syphilis	0	2	0	2	2
Typhoid	1	1	0	2	2
Diphtheria	1	2	0	3	3
Scarlet Fever c Alb.	0	1	0	1	1
<b>Malaria c Anaemia</b>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>
					<u>155</u>

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	F	3	89	Domestic Fit. Phthisis both apices present
2	F	2	36	Shinner mbit Phthis. left apex. unresolved Pneumonia Chemist's Assistant
3	F	2	65	Tuberculosis acute
4	F	2	13	Stocking maker mbit Phthisis R. Apex. Fluid L. Base
5	F	2	88	Waitress mbit Phthisis both apices.
6	M	5	34	Labourer mbit Phthisis both apices
7	M	3	129.	Engineer mbit Phthisis both apices reg. Sanat. treatment
8	M	3	29	Cooper mbit Phthisis both apices & larynx reg. Sanat. treatment
9	F	2	121	Domestic mbit Phthisis left apex. Lupus Sanat. treatment
10	F	2	145	Housekeeper mbit Phthisis extensive, millworker mbit
11	F	2	75	Phthisis. left apex.
12	F	2	98	Domestic Fit. Tuberc. R. apex. ? Tubercle inactivity.
13	F	4	30	Provision worker Fit. Tuberc. R. apex. ? Tubercle History of influenza
14	M	6	178	Roller mbit. Phthisis both apices
15	F	2	22	Shinner mbit. Phthisis R. apex present anaemia after Conf. mbit
16	M	4	47	Tailor mbit Phthisis R. apex old Tub. Rule
17	M	50	125	Roker mbit Right apical Phthisis marked by aetna
18	M	50	30	Engineer Fit Influenza Justice Lynn
19	M	50	12	Labourer mbit Tub. Pleurisy & effusion
20	F	30	13.	Dressmaker mbit Phthisis L. Base unresolved, Pneum.

DISEASES. *Phthisis. Phthisis. Phthisis. Phthisis.*

No.	Sex.	Age in Years	Duration in weeks	Remarks.
21	F	20	65	weaver milt Phthisis L. apex. Sanat. Treat. improving newborn milt
22	m	30	1	Phthisis both apices stonecutter milt
23	m	50	59	Phthisis both lungs extensive stonecutter milt
24	m	50	25	Pulm. Fibrosis. paralysis L. Rec. Laryngeal N. ? Ent. Stump Packing case maker milt
25	m	30	9	Phthisis R. apex active
26	m	5	20	labourer milt Phthisis active both apices Sanat. Treat.
27	F	3	20	Farmer milt. Phthisis L. Base. active
28	m	2	141	Taylor milt. Phthisis R. Apex. old Tub. Nucle
29	F	3	1	comb worker milt Hilar & R. Apical Phthisis
30	m	3	21	labourer milt Phthisis R. apex. pleurisy L. Base
31	m	2	1	labourer fit Phthisis R. Apex. ? Fibrosis no activity
32	F	4	29	Fishworker fit. Phthisis Fibroid Quiescent.
33	m	20	95	labourer milt Phthisis R. Apex. active prev. Sanat. Treatment
34	F	2	87	Shop Assist. milt Phthisis active L. apex
35	m	2	22	Fireman milt. Phthisis active both apices
36	m	2	38	labourer milt Lubric. glands. neck axilla
37	m	2	20	molecatcher fit Phthisis. left apex. now quiescent.
38	m	2	20	Fishworker fit Phthisis. left apex. now quiescent
39	F	3	70	moleworker <del>fit</del> Phthisis. both apices Fibroid now quiescent
40	F	3	21	Shop Assistant fit. Phthisis R. apex now quiescent.



TABLE NO. 1  
DISEASES. Epidemic Endemic Infectious

No.	Sex.	Age in Years	Duration in weeks	Remarks.
41	F	2	420	Domestic inhabit Phthisis. Spinal Caries Prostate Clerkers inhabit.
42	F	2	92	Phthisis both apices & also laryngeal
43	F	2	62	Factory worker Fit Phthisis R. Apex. Quiescent
44	F	2	621	Clerkers inhabit. Phthisis extensive. active
45	m	2	17	Labourer inhabit. Phthisis active. R. Apex.
46	m	3	86	Gardener inhabit Phthisis active freq. Haemoptysis
47	m	4	9.	Ploughman inhabit Phthisis. recent. Haemoptysis
48	m	3	27	Labourer inhabit Phthisis acute both apices
49	m	6	18	Wagoner inhabit. Phthisis extensive active
50	F	4	78	Charwoman inhabit Phthisis extensive becoming fibroid.
51	m	2	34	Labourer inhabit Phthisis extensive active
52	F	5	26	Laundry worker Fit Phthisis L. Apex. now quiescent
53	m	4	12	Carpenter inhabit Phthisis. right apex & Hilar
54	F	3	22	Charwoman inhabit. Phthisis active & pleural effusion.
55	m	2	63	Labourer inhabit Phthisis Recent Haemoptysis
56	F	6	277	Cleaner inhabit Phthisis bilateral extensive
57	m	5	100	Tailor inhabit Phthisis active both apices
58	F	2	141	Domestic inhabit Phthisis, active both apices
59	m	6	32	Clerk Fit Phthisis now quiescent
60	m	2	1	Labourer inhabit Phthisis L. apex & tubercula

No.	Sex.	Age in Yrs	Duration in weeks	Remarks.
61	m	3	120	labourer milt Phthisis extensive (Asthma)
62	F	4	11	domestic milt Phthisis and Pneumothorax
63	m	4	251	labourer Fit Phthisis now fibrotic & quiescent
64	m	2	185	Taylor milt Phthisis. Recent Haemoptysis
65	F	3	7	charwoman milt Pleurisy & Effus. prob. Tuberc
66	m	2	5-3	clerk milt Phthisis active. R. Apex
67	m	2	82	clerk milt Phthisis active R. Apex
68	m	2	8	labourer Fit Phthisis. L. Apex. Eminent
69	F	2	10	charwoman milt Phthisis. Pulm. & laryngeal
70	F	2	398	Fishworker milt Phthisis extens. Bilateral
71	F	4	35	housekeeper milt Phthisis R. Apex
72	F	4	162	clerkess milt Phthisis bilat & costula
73	m	3	84	Railwayman milt Phthisis extensive. active at R. Apex
74	F	2	3	Housekeeper milt Phthisis Hilus & left apex
75	m	2	2	labourer milt Phthisis both apices
76	m	4	54	Roadman milt Phthisis both apices Recent Haemoptysis
77	m	3	167	labourer milt Phthisis & extensive fibrosis
78	m	2	26	Engineer milt Phthisis both lungs
79	m	2	124	clerk milt Phthisis. Bilateral
80	F	1	17	domestic milt Phthisis R. Apex active

## DISEASES Epidemic Infectious

No.	Sex.	Age in Years	Duration in weeks	Remarks.
81	F	2	83	Shoemaker's m. m. m. Phthisis R. Apex active.
82	m	6	21	meal miller m. m. m. Phthisis both apices
83	F	4	63	domestic m. m. m. Phthisis chiefly L. Base.
84	m	4	98	labourer m. m. m. Phthisis ext. Fibrosis Anthera
85	m	2	32	Shipwright m. m. m. Phthisis, L. Apex thetting Roof
86	m	3	8	labourer m. m. m. Phthisis both lungs active
87	m	3	12	labourer m. m. m. Phthisis extensive
88	F	3	392	Dressmaker m. m. m. Phthisis extensive
89	F	2	40	Cover m. m. m. Phthisis, pulm. pharyngeal
90	F	2	20	weaver m. m. m. Pleurisy & Effus. Tuberc
91	F	2	28	weaver m. m. m. Phthisis extensive
92	F	2	6	Tailor's m. m. m. Phthisis. Early L. Apex.
93	F	4	133	Housekeeper m. m. m. Phthisis pulm. pharyngeal
94	m	6	137	Engineer m. m. m. Phthisis extens. marked Fibros.
95	F	1	13	Clerk's m. m. m. Phthisis ext. & Tub. Subst. m.
96	m	4	8	Caretaker m. m. m. Phthisis both apices
97	F	4	5-8	Landress m. m. m. Phthisis both apices
98	m	5	8	millworker m. m. m. acute Tub. Pleurisy & Effus
99	F	2	12	domestic m. m. m. Scarlet Fever & Albuminuria
100	F	2	12	domestic m. m. m. Post Typhoid Debility.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
101	m	4	20	Mechanic Fit malaria. secondary anaemia
102	f	5	2	Charwoman bit. Influenza & debility.
103	f	4	3	Fishworker Fit Influenza & debility.
104	m	5	30	Engineer Fit Influenza & debility.
105	f	4	4	Domestic imbit Influenza. & Card. dilat
106	f	6	19	Sack. Rebuilder imbit. Influenza. Debility Tachycardia
107	f	2	38	Domestic imbit. Tuberc. gland neck & axilla
108	f	2	4	Box maker imbit. Influenza & Tachycardia
109	f	3	5	Paperworker bit. Influenza & debility.
110	f	4	4	Housekeeper bit Influenza & debility.
111	f	3	17	Domestic bit. Influenza & debility.
112	f	6	12	Housekeeper bit Influenza
113	m	2	21	Engineer imbit. Influenza. foll. by Pleurisy Pneum. sub. diaphrag. abscess
114	f	3	22	Charwoman imbit Influenza & debility.
115	m	1	8	Millworker imbit. Infl. & Card. debility
116	f	3	28	Dressmaker imbit Tuberc. Kneel
117	m	4	7	Trawler bit Septic foot
118	f	2	22	Shoe. Assist imbit. Parasit. old Infant. Par. & worms in stool
119	f	2	21	Millworker bit. Tuberc. Bursitis (Trochanteric)
120	f	2	148	Domestic imbit Lupus. Face



DISEASES: *Endemic. Infectious.*

No.	Sex.	Age in Years	Duration in weeks	Remarks.
121	F	6	16	Houseworker infect. Tubercular. Hip
122	F	3	17	Domestic infect. Early Tub. of Hip
123	F	4	15	Stableman infect. Tub. Knee
124	F	3 1/2	3 1/2	Domestic infect. Jaw-whole
125	F	1	8	Lymphatic infect. Tub. Peritonitis
126	F	1	1	Domestic infect. Tub. Knee. Early
127	F	4	3 9	Laundrymaid infect. Cerebral Syphilis
128	F	4	2 7	Laundrymaid infect. Spec. showing abs. choroiditis menstruation
129	F	5	13	Fishworker infect. Arthritis. Left. Syphilis
130	F	4	2	Domestic infect. Lumina tonsil & Palate
131	F	2	4 0	Domestic infect. Primary Syphilis
132	F	2	3 8	Domestic infect. Cong. Syph. Brain changes
133	M	6	21	Labourer infect. Tubercular Testis
134	M	3	100	Cooper infect. Tubercle of Kidney
135	M	2	2 7	Clerk infect. Tub. glands in neck
136	M	4	7 8	Polisher infect. Tubercle Kidney, left Apex
137	M	5	2 5	Stableman infect. Tubercle Kidney & Spin. Intest.
138	F	2	16	Millworker infect. Lupus nose
139	F	2	18	Domestic infect. Tub. Hip.
140	M	1	2 2	Farmsew. infect. Lupus verrucosus Plantar

No.	Sex.	Age in Years	Duration in weeks	Remarks.
141	7	2	18	Knitter imbit. Tubercle ankle.
142	7	6	208	Chamberman imbit Spinal Curves. Psoas abscess
143	7	1	48	Dressmaker imbit Spinal Curves
144	m	3	20	Insurance imbit. Renal Tub. Spinal Curves
145	m	1	4	Farmer imbit. Tub. knee.
146	7	2	147.	Weaver imbit Tub. knee
147	7	2	13	Domestic imbit. Tub. ankle
148	m	4	21	Labourer imbit. Tub. knee
149	m	4	15	Stableman imbit. Tub. knee
150	7	1	9	Factory Worker imbit Tub. ankle
151	7	3	28	Dressmaker imbit. Tub. knee
152	m	2	103	Railway Porter imbit Port. Diphth. Paral. Extremities
153	7	2	26	Mouse imbit. Diphther. Tracheo cardia
154	7	1	23	Milkworker imbit. Diphtheria albuminaria
155	m	3	2	Ship's Rigger imbit Typhoid

91 cases of pulmonary tubercle were examined, 50 male, 41 female.

In 20 the infection had affected both apices, 16 left apex, 21 right, 4 one or other base, 23 had extensive disease, in 7 the site of the disease was not definitely noted. In 4 cases the larynx was also involved, 5 had had recent haemoptysis.

In no case was the disease definitely located solely to the lung root (Hilar Tuberculosis), probably because in all the cases the disease had lasted a considerable time.

There were also two instances of acute tuberculosis and four of pleurisy & effusion, tubercular in origin. In 15 the age of the patient was 50 and over, this coincides with my personal experience of general practice, in the course of which I found that tubercular diseases generally and pulmonary in particular are by no means confined to young adult life. Two cases were definitely associated with an asthmatic condition, and I have always thought that many of the bronchitic conditions in patients of 60 or over are really tubercular. Tubercle bacilli are difficult to find on account of the mixed infection, but when the crepitations have a fine metallic sound, over a well defined definite area, the question of tubercle ought always to be raised.

It is interesting to note in the course of routine examination of cases certified as tubercle and others, the comparative frequency of a fibrotic condition/

condition of the right apex, e.g. Nos. 12, 13, 31, 32 with increase of resonance and altered breath sounds.

It is found as a condition of "Gas Fibrosis" in soldiers who have been gassed during the recent War. In some cases, if may of course be a healed T.B. Lesion contracted in early youth, in others it would appear to be a condition of atelectosis, the lung never having properly expanded, in some of those cases there is a history of resuscitation at birth being required. Now that early notification is very rightly insisted upon, there would appear to be some risk of such cases being notified as tubercle, unless careful attention is paid to the subjective symptoms, and full benefit taken of other diagnostic methods.

The treatment of tuberculosis is now one of the duties of each County Authority, Sanatorium or extensive domiciliary treatment is provided. Still, of the series examined only 14 were found to be fit for work. Yet, I have often felt that some carefully graded and supervised work would be decidedly beneficial; unfortunately there is no prospect at present of the working capacity of the majority of phthisis cases being utilised. Until this part of the problem is approached, the whole position of the phthisical patient is eminently unsatisfactory.

When Sanatorium treatment is finished the physical condition of the patient is muscularly poor, they are soft and flabby, the method of breathing leaves much to be desired, if the condition be a joint or/



or vertebral one, the movements of the affected and other joints in the vicinity are much impaired.

A system of proper remedial exercises given in a scientific manner will, I am certain, prove most helpful and beneficial, and it would be a great step in advance if to each authority a properly trained instructor or instructress with proper equipment were attached. Already this idea has been mooted in one county and is likely to take root.

In assessing capacity so long as the disease is definitely active or toxæmia present as evidenced by e.g. evening rise of temperature, loss of weight, or sweating, remunerative work is impossible. Care ought also to be exercised if the disease has been characterised by attacks of hæmoptysis, e.g. 46, 47, 64. If possible also the employment should be outdoor work.

Even when recovery is apparently complete full remunerative work is sometimes difficult on account of the recovery being accompanied by extensive fibrotic change and marked dyspnoea on exertion. At present as suitable employment is exceedingly difficult to obtain, the majority of cases must be looked upon as unfit.

The other tubercular conditions all showed activity of the disease and none were capable of work, except one case of lupus of the face, which was practically cured.

#### INFLUENZA.

14 cases, 4 male, 10 female, fit 8, unfit 6.

The/

The usual condition found was a general debilitated state, frequently with feeble heart sounds, sometimes tachycardia ~~and~~ occasionally paroxysmal.

Such sequelae of influenza as a rule are tardy in recovery, but if the symptoms are chiefly those of mental lethargy, if there be no cardiac dilatation, or if there are no definite attacks of Paroxysmal Tachycardia, then I think work should be attempted.

I would strongly emphasize, however, the importance of the necessity for care in the treatment of influenza during the attack and for some time afterwards. As a rule after the fever has subsided I have found that there is a slight secondary rise of temperature, when acute sequelae are apt to develop, and it is highly important not to hurry convalescence. In this connection it is interesting to refer to the cases during 1922 whose incapacity was stated to date from an attack of the disease. The numbers are comparatively small so that definite conclusions are difficult, but I think it is clear that although the disease may be mild, sequelae may be serious, and that no precautions in combating the disease on account of the mildness, should be neglected.

48 patients were found to give a definite history of influenza, 32 women and 16 men.

The average age of the men was between 50 and 60, of the women between 30 and 40.

The/

X The Influenza Bacillus is, of course, notoriously neurotoxic, but it would appear that epidemics seem to be characterised by special systems being attacked as sequelae.

Taking first the 16 men. In 14 the disease was a cardiac or vascular affection.

3 had a toxic myocarditis.

5 had previous valvular disease and compensation was seriously disturbed. In one, auricular fibrillation had developed after a severe attack of paroxysmal tachycardia. Another case was interesting because previously the man had been referred, and found capable of work. Work was procured and for some months the man worked steadily with no untoward symptoms. He then had a mild influenza and after some weeks was referred by the Society again, when it was found that his compensation had completely broken down with marked exhaustion of the heart muscle.

2 had simple cardiac debility evidenced by feeble heart sounds and feeble cardiac response to effort.

4 had arterio-sclerosis, were over 60 and since the influenzal attack there had been general debility, the plane of health had been lower and the capacity for work less.

Of the remaining two, 1 was followed by pleurisy, pneumonia and subdiaphragmatic abscess, 1 by bronchial catarrh.

The analysis in the case of the 32 women showed/

showed -

17 cases in which a cardiac condition was present, ~~7~~ of which 3 had previous cardiac disease, and the attack was followed by failure of compensation. 14 showed cardiac debility, in the shape of poor response to effort, tachycardia, sometimes paroxysmal, and a neurasthenic state generally, characterised mentally by feelings of anxiety and physically by poor muscular tone.

6 had an aggravation of a respiratory condition already present, 4 were anaemic, 1 had otitis media, 1, a post influenzal nasal sinus infection, 3 had general symptoms of dyspepsia.

It would appear that the following conclusions are justified:-

(1) That the disease, mild as well as severe, be most circumspectly treated,

(2) That a too early return to work is not advisable,

(3) That this last epidemic <sup>appeared</sup> to have circulatory sequelae,

(4) That if any system showed the presence of disease, aggravation, sometimes serious, of the disease, was apt to supervene.

(5) That the disease in those past middle life must be looked upon as a serious one.

I would like shortly to refer to case 118, a girl with neuritis in a limb partially paralysed from infantile paralysis. As she seemed to be improving



improving under electircal treatment and massage, I certified her still unfit, and did not look upon the headaches and occasional vomiting she complained of as of serious importance. She was referred again some months after, and it was then found she had a cerebellar tumour, with all the classical signs and symptoms.

It is interesting that there was only one case of primary syphilis and one of acute gonorrhoea, they were of course unfit, entitled to medical benefit, although not necessarily sickness benefit.

Of the typhoid cases, one was an acute case in the third week, and the other a post-typhoid debility & cholecystitis.

GENERAL DISEASES NOT INCLUDED IN 1.

GENERAL DISEASES NOT INCLUDED IN 1.

	<u>Male.</u> 39	<u>Female.</u> 52	<u>Fit.</u> 23	<u>Unfit.</u> 68	<u>Total.</u> 91
Arthritis					
Fibrositis	5	13	10	8	18
Rheum. Fever	2	5	1	6	7
Anaemia	1	60	33	28	61
Pernic. Anaemia	1	0	0	1	1
Intest. Obstruct.	0	2	0	2	2
Diverticulitis	1	0	0	1	1
Malig. Colon	1	0	0	1	1
Diabetes	4	1	0	5	5
Acromegaly	1	0	0	1	1
Exophth. Goitre	0	11	1	10	11
Hyperthyroidism	0	4	2	2	4
Goitre	0	1	1	0	1
Myxoedema	0	2	1	1	2
Carcinoma	0	1	0	1	1
Tonsil	1	0	0	1	1
Pylorus	1	0	0	1	1
Breast	0	2 11	0	11 <sup>2</sup>	2
Ovary	0	1	0	1	1
Uterus	0	1	0	1	1
Pancreas	0	1	0	1	1

214

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	F	5	270	Charwoman. mbit: osteoarthritis. progressive
2	F	6	78	Charwoman mbit: chronic arthritis and general emaciation.
3	F	6	25	Paper worker mbit: chronic arthritis hands hips.
4	F	6	173	Housekeeper mbit. arthritis knee R. Cystitis.
5	F	3	13	Paper worker fit. muscular fibrositis.
6	F	6	181	Cook mbit. chronic arthritis wrists alcoholism.
7	M	5	14 6	Labourer mbit. arthritis hips, well marked bony changes.
8	M	6	29	Driver mbit: osteoarthritis hips. history of injury.
9	M	6	35 3	Cooper. mbit. osteoarthritis hip. well marked bone changes.
10	M	5	89.	Farm Servant. mbit. osteoarthritis. Hips & knees.
11	M	5	76	Labourer. fit. arthritis not severe or acute some fibrositis.
12	F	5	235	Fishworker. mbit. osteoarthritis extensive and acute.
13	F	6	266	Charwoman. mbit. osteoarthritis. extensive acute. double Cataract.
14	M	6	39.	Casser mbit: osteoarthritis extensive. general debility.
15	M	6	69.	Fireman. mbit: arthritis extensive and prob: progressive.
16	M	6	41	Labourer mbit: chronic arthritis.
17	F	6	111	Subworker mbit. osteoarthritis. acute progressive history of influenza.
18	M	5	13 2	Fisherman. fit. arthritis knees. slight.
19	F	5	262	Domestic Servant. mbit: osteoarthritis acute and progressive.
20	F	5	320	Mechworker mbit. osteoarthritis acute.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
21	F	6	99	Dampmaid. unfit chronic arthritis extensive
22	m	5	28	Farm servant. Fit arthritis hip, history of accident.
23	m	4	19	Diver. unfit arthritis extensive & fibrositis
24	F	2	34	Weaver unfit arthritis fibrositis teeth very septic.
25	m	6	31	Gamekeeper unfit. arthritis extensive with some vascular sclerosis.
26	m	6	64	Eugene driver unfit. osteoarthritis acute.
27	F	6	29	Charwoman unfit osteoarthritis extensive
28	m	6	40	Combworker Fit arthritis but chronic & painless.
29	F	6	31	Charwoman. Fit. chronic arthritis.
30	m	5	28	Labourer unfit. chronic arthritis. metatarsal fracture. Extravasation
31	F	5	20	Fishworker. unfit chronic arthritis now quiescent.
32	F	6	40	Fishworker. unfit. arthritis, meningeal acute.
33	F	5	34.5	Cleaner. Fit. chronic arthritis, now quiescent.
34	m	5	8	Seaman. fit. chronic arthritis now quiescent.
35	F	6	124	Mill worker Fit arthritis now quiescent
36	F	6	4	Fish worker Fit arthritis now quiescent.
37	m	5	43	Cooper. unfit arthritis hips and sciatica
38	F	4	24	Housekeeper. unfit arthritis knee & bony change
39	F	5	29	Domestic. unfit. arthritis hips & sciatica
40	m	3	32.6	Motor mechanic unfit osteoarthritis acute. & severe pyorhoea.

DISEASES. *Several not included in I*

No.	Sex.	Age in Years	Duration in weeks	Remarks.
41	F.	6	308	Fishworker. Fit. chronic arthritis but not very acute or much deformed.
42	F.	5	246	Fishworker. Umbil. chronic arthritis with septic thrombosis & pyorrhoea.
43	F.	5	11	Charwoman. Umbil. arthritis knee R.
44	F.	3	381	Domestic. Umbil. acute osteoarthritis progressive.
45	M.	5	40	Farmer. Umbil. arthritis knee. severe pain.
46	F.	6	9	Housekeeper. Umbil. arthritis chronic & anorexia veins.
47	M.	3	31	Over fit. Arthritis knees and ankles.
48	F.	5	44	Woolworker. Umbil. arthritis subacute painful.
49	M.	1	10	Rigger. Fit. muscular fibrositis.
50	M.	5	4	Joiner. Fit. arthritis hands, slight, with pyorrhoea.
51	F.	4	12	Waitress. Umbil. muscular fibrositis acute and widespread.
52	F.	5	11	Fishworker. Umbil. arthritis hands severe.
53	F.	6	21	Muse. Umbil. arthritis hands & pyorrhoea.
54	M.	6	16	Holder up. Umbil. Arthritis hip & otitis media.
55	M.	3	1	Labourer. Fit. muscular fibrositis.
56	F.	2	6	Shop Assistant. Umbil. acute Rheum. arthritis & enlarged septic tonsils.
57	M.	5	37	Labourer. Umbil. Spondylitis.
58	M.	2	13	Motor mechanic. Fit. muscular fibrositis.
59	F.	3	16	Tailor. Umbil. arthritis severe pyorrhoea.
60	M.	4	6	Labourer. Fit. musc. fibrositis.

## DISEASES General not included in 1.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
61	F	5	9	Chamwoman miltit arthritis hips much extra articular thickening.
62	F	2	50	Shop Assistant bit muscular fibrositis extensive not acute.
63	M	4	7	Boch habauner miltit. arthritis knee R. with pyorrhoea.
64	M	5	24	Iron worker. Fit. chronic arthritis, no acute symptoms.
65	M	2	44	Engineer miltit. arthritis wrists subacute.
66	F	5	199	Domestic miltit. arthritis, fibrositis colitis.
67	F	5	8	Chamwoman bit. Fibrositis.
68	F	3	8	Chamwoman bit fibrositis.
69	F	5	8	Housekeeper Fit Fibrositis.
70	F	4	179.	Tram Conductor Fit Fibrositis not acute.
71	F	6	4	Gate Weaver miltit. chronic arthritis, widespread.
72	F	5	22	Fishworker miltit. chronic arthritis and ulceration legs.
73	F	6	37	Mulleworker Fit. chronic arthritis stationary.
74	F	6	17	Chamwoman miltit. Arthritis of fibrositis acute.
75	F	5	367	Housekeeper miltit, osteoarthritis acute progressive, serous.
76	M	5	20	Farm Servant miltit Osteoarthritis Hips
77	M	6	12	Plater miltit. arthritis shoulders & ancles
78	M	6	12	Roadman bit Arthritis Knees—
79	M	4	121	Labourer miltit. osteoarthritis, acute progressive.
80	F	2	24	Domestic miltit arthritis Rheumatic slight chorea—



## DISEASES. General not used in 1

No.	Sex.	Age in Years	Duration in weeks	Remarks.
81	m	5	29	Farm servant. Limpit Arthritis. pyorrhoea
82	F	6	343	Domestic Limpit. osteoarthritis acute. progressive. marked deform.
83	F	2	39	Domestic Fit. arthritis. changes are chiefly extra-articular.
84	F	3	7	Manageress. Fit. muscular fibrositis.
85	F	6	44	Domestic Limpit. Acute osteoarthritis progressive. Var. veins
86	F	6	10	Housekeeper. Fit. Arthritis slight. though extensive.
87	F	2	20	Nurse Limpit. arthritis. post scarlatinal
88	F	2	24	Domestic Limpit. arthritis, sacro-lumbar Synd. = fibrositis.
89	m	5	13	Labourer Limpit. arthritis. extensive pyorrhoea.
90	F	4	23	Factory worker. Limpit. arthritis. worse since oophorectomy.
91	F	4	7	Clearer. Fit. Arthritis. general. but slight chiefly extra-articular.
92	m	5	12	Engineer. Limpit. arthritis. Sciatic.
93	m	4	17	Wood Sawyer. Limpit. arthritis double pes Planus.
94	F	1	32	Domestic. Fit. muscular fibrositis.
95	F	5	18	Domestic Fit muscular fibrositis.
96	m	4	42	Marine Engineer. Limpit. Arthritis. pyorrhoea.
97	m	5	217	Labourer Limpit. acute osteoarthritis. deformity severe progressive
98	F	2	29.	Paper marker. Fit. musc. fibrositis. pyorrhoea.
99	F	4	5	Cook. Limpit osteoarthritis
100.	F	2	30	Domestic Fit Rheumatic Fever.



## DISEASES. General, not included in 1.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
101	m	4	15	Craeman. embrit. Rheum. arthritis hips bony change.
102	m	5	38	Roadman embrit. arthritis. muscular fibrositis. severe acute ex. sensitive.
103	f	2	3	Domestic embrit. Fibrositis. enlarged septic tonsils.
104	f	6	34	Housekeeper embrit. osteoarthritis. extensive. bony change. Deg. myocad. Carter embrit.
105	m	5	6	arter. arthritis both knees Plater embrit.
106	m	6	5	osteoarthritis extensive. Fish Worker. embrit.
107	m	4	28.	Fibrositis. acute. widespread Pyorrhoea.
108	f	2	3	Fish Worker embrit. Fibrositis. acute widespread.
109	f	6	24	Housekeeper. Fit. Arthritis knees.
110	m	5	25	Eugenean. embrit. Fenicious Anaemia.
111	f	2	9.	Clerks. Fit Anaemia.
112	f	1	6	Glove Worker Fit. Anaemia.
113	f	2	29.	Combworker. Fit Anaemia.
114	f	2	41.	Domestic. embrit. Anaemia. amenorrhoea Hypokritarism.
115	f	2	24	Domestic Fit Anaemia
116	f	2	6	Fish Worker embrit Anaemia
117	f	1	21	Chemist's Assist. embrit Anaemia
118	f	2	5	Gloves Worker embrit Anaemia? early Tubercle. Form. History bad.
119	f	2	11	Milliner embrit. Anaemia. Dysmenorrhoea.
120	f	2	78	Domestic embrit. Anaemia. Raynaud's Dis. Asphyxial form.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
121	F	2	1	Domestic Mabit Anaemia
122	F	4	16	Dressmaker mabit Anaemia. Pyorrhoea. Fishworker. Fit
123	F	3	16	Anaemia. Factory worker Fit
124	F	2	7.	Anaemia. Paperworker Fit
125	F	1	11	Anaemia Nurse mabit
126	F	4	2 23	Anaemia. bleeding fibroid. Laundry worker. Fit
127	F	3	8	Anaemia. Labourer. mabit.
128	M	5	5.	Anaemia. Cause doubtful ? malignant disease. Factory worker. Fit
129	F	2	6	Anaemia. Factory worker. Fit
130	F	2	16	Anaemia. Domestic mabit
131	F	3	5.	Anaemia. Post Influenzal. Bottlewasher Fit
132	F	2	7	Anaemia. post partum. Shop Assistant Fit
133	F	1	13	Anaemia. Dyspepsia. Housekeeper. mabit
134	F	4	17	Anaemia. post Influenzal. Housekeeper mabit
135	F	1	15-	Anaemia. post Infl.
136	F	1	30.	Housemaid mabit Anaemia. Pyorrhoea. Glove-maker Fit
137	F	2	9.	Anaemia. Railway cleaner Fit
138	F	2	3	Anaemia. Warehouse Assist Fit
139	F	2	10	Anaemia. Shop Assistant Fit
140	F	2	5	Anaemia.

DISEASES. General not included in 1.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
141	F	3	17	Cleaner. Infert Anaemia. post influenza.
142	F	2	6	Fishworker Infert Anaemia. post influenza.
143	F	2	8	Flax worker Fit Anaemia.
144	F	4	20 2	Machineist Fit. Anaemia. old Tuberc. Hist but now no active examif.
145	F	1	6	Cook Fit Anaemia.
146	F	2	9	Glove worker Fit Anaemia.
147	F	2	13	Shop Assistant Infert Anaemia. Hypothyroidism.
148	F	1	4	Glove Finisher Fit Anaemia.
149	F	1	2	Box worker. Infert Anaemia ? Appendicitis.
150	F	3	19	Cook. Fit Anaemia. enlarged Tonsils
151	F	4	4	Domestic Fit Anaemia. post partum.
152	F	3	8	Dairymaid. Fit Anaemia.
153	F	3	53	Domestic Fit Anaemia. dyspepsia.
154	F	3	16	Fishworker. Infert Anaemia. menorrhagia.
155	F	3	5 5	Provision worker. Infert Anaemia after abortion.
156	F	2	8	Domestic Fit Anaemia.
157	F	3	20	Shop Assistant Fit Anaemia. Mobile Kidney.
158	F	3	16 4	Housekeeper Infert Hepatitis septic partially erupted wisdom tooth.
159	F	4	22	Cleaner Infert Anaemia menorrhagia.
160	F	2	4	Typist. Fit. Anaemia.

DISEASES. General not included in 1

No.	Sex.	Age in Years	Duration in weeks	Remarks.
161	F	2	19	Landworker Fit Anaemia. Dysmenorrhoea.
162	F	2	7	Typist Fit Anaemia.
163	F	2	13	Clerkess. Unfit Anaemia. Menorrhagia.
164	F	3	50	Domestic unfit. Acute Osteoarthritis. Professional
165	F	2	17 2	Gracer's Assist. Unfit. Rheumatic Fever. Endocarditis.
166	F	2	12	Domestic. Fit Anaemia & Dyspepsia.
167	F	2	9	Landworker. Fit Anaemia. Disseminated Choroiditis.
168	F	1	25	Domestic unfit Anaemia pyorrhoea.
169	F	3	6	Housemaid Unfit Anaemia ? Phthisis
170	F	2	4	Domestic Fit. Anaemia. Amenorrhoea.
171	F	2	17	Needleworker Fit Anaemia.
172	F	3	6	Domestic unfit Anaemia. pyorrhoea
173	F	3	19 3	Domestic unfit. Rheum. arthritis Endocarditis pyorrhoea.
174	M	3	4 2	Scourer. unfit. Subacute Rheumatism Dysentery.
175	F	3	39	Needleworker. unfit Rheum. Fever. Card. Dilat.
176	M	1	5	Gardener unfit Rheum. Fever. Card. Dilat.
177	F	5	33	Housekeeper Fit Debility after Acute Rheum.
178	F	5	3 5	Domestic unfit. Chronic Intestine. Obstr ? Cancer
179	M	5	20	Labourer unfit Diverticulitis.
180	M	5	4 9	Cooper unfit Malig. Disease Colon.



DISEASES. *General not incl in 1.*

No.	Sex.	Age in Years	Duration in weeks	Remarks.
181	F	5	26	Laundress unlit Chronic int. abstr. penstall. waves.
182	F	2	3	Domestic unlit Anaemia sever. post. partum.
183	M	2	33	Farm Servant. unlit Diabetes. Spinal Cord int.
184	M	6	16	Carter unlit Acromegaly.
185	M	4	96	Train conductor unlit Diabetes. Early Cataract.
186	M	6	15	Insurance Collector unlit Diabetes.
187	M	3	75	Farm Servant unlit. Diabetes. Cataract.
188	M	2	184	Labourer. unlit Diabetes.
189	F	2	60	Dressmaker unlit Exophthalm. Goitre.
190	F	5	5	Domestic unlit Hypertthyroidism.
191	F	5	75	Cleaner. unlit Hypertthyroidism.
192	F	5	2	Cweeper. unlit Hypertthyroidism.
193	F	3	18	Munition unlit Exophthalmic Goitre.
194	F	4	18	Domestic Servant unlit Hypertthyroidism.
195	F	2	27.	Domestic unlit Exophthl. Goitre.
196	F	4	20	Mineral Water Worker unlit Exophthalmic Goitre.
197	F	2	56	Domestic Fit Exophthl. Goitre now improved
198	F	3	431	Textile Worker unlit Exophthl. Goitre sev. Card int.
199	F	5	4.	Housekeeper Fit Hypertthyroidism.
200	F	2	3	Fish Worker unlit Hypertthyroidism.

DISEASES *General not included in 1*

No.	Sex.	Age in Years	Duration in weeks	Remarks.
201	F	2	75	woolpieces. Fib Pore amble.
202	F	5	69.	domestic bit Myxoedema.
203	F	5	8	Charwoman infit Osteoarthritis acute and progressive
204	F	2	31	Drake's Assist. infit Scab. Boils.
205	F	5	119	Charwoman infit Hyperthyroidism anpnoeic oedema.
206	F	5	14	Dressmaker infit Myxoedema.
207	F	6	10	Grocer infit Carcinoma jaw
208	M	4	13	Paper worker. infit Carcinoma Tonsil.
209	M	5	150.	Fishworker infit Carcinoma. Pylorus.
210	F	6	30	Glove finisher infit Carcinoma Fauces
211	F	5	371	Housekeeper infit. Carcinoma Breast
212	F	4	2 3	Housekeeper infit Carcinoma. Breast.
213	F	4	9	domestic infit Malignant ovary
214.	F	5	65	Charwoman infit Carcinoma uterus.

ARTHRITIS.

39, male. 52, female. Fit, 23, Unfit, 68. 91.

Arthritic diseases constitute a common form of incapacity, and while rarely, if ever causing the death of the patient, cause a great loss of productive work.

The causation, pathological changes and nomenclature meantime are in considerable confusion, and to group the cases clinically, with any degree of accuracy is impossible.

In a recent paper, A.C. Timbrell Fisher (B.M.J. July 21st - Pages 102-105) insists upon the invariable infective nature of the process, and deprecates the opinion that any are purely degenerative in nature. He points out that the proliferative changes negative the theory that the process is one of atrophy due to old age. Personally, I cannot quite see why the joints, muscles, and extra articular structures, which bear the brunt of active manual labour do not undergo degenerative change in the same way as the brain in the case of the brain worker; proliferative changes moreover are not unknown in degenerative change. Clinically, however, it is found that after 60, joint changes occur with considerable frequency, and in analysis of the cases under review, 35 were 60 years of age and over, while cases 2, 14, 25, 46, 104, had other signs of enfeeblement and degenerative change. The condition was acute and evidently inflammatory in several, (4) with cystitis/

cystitis (monoarticular), (6) with long history of alcoholism, (12,) (13), (15), (17), recent influenza, (26,) (32) (53) with severe pyorrhoea, (54) with otitis media, (56) with enlarged and septic tonsils. In 30 the disease was found in charwomen and domestic workers, 11 occurred in fishworkers and fishermen, 3 were divers.

In all cases of course, a septic focus should be looked for, but careful examination often fails to find the source. Cystitis, pyorrhoea, otitis media, enlarged and septic tonsils, recent influenza, and scarlet fever were apparently causative agents, pyorrhoea much the most frequent; care should be taken always to remove any denture to look for septic stumps, the apices ought to be palpated to see if there is any tenderness, and the teeth rocked to test their firmness, even with all care later X-ray examination may show septic foci at the apex. It is important to remember that removal of the focus is only the commencement of the treatment, and that even after a course of vaccine therapy there remains the problem of dealing with a joint or series of joints, stiff, possibly deformed but quiescent. This is a most important point in dealing with capacity assessment. If the disease is acute, or if, though at the moment quiescent, there has been recent inflammatory mischief, work is of course out of the question. Diligent search for a source of infection, vaccine treatment (to which the insured is entitled) should be instituted. If the inflammatory process has subsided /



subsided, and there is no progressive joint involvement, even though the joints be stiff, vigorous movement should be recommended, and as speedy return to work as possible. More especially is this so, if, on moving the joint there is no evidence of severe, actual joint involvement, i.e. creaking, bony grating or bony change. The inflammatory changes sometimes are mainly extra-articular, amenable to vigorous movement and no bar to work.

In older patients, i.e. over 60, the general condition must be taken into account, and if that is favourable, and if no actual swelling or inflammation be present, light employment should be recommended. There certainly is a tendency in those over 60, who are beginning to fail in health, to look upon the National Health Insurance Act as a premature Old Age Pension, and look upon stiff joints as a reason for being certified incapable until the age of 70 is reached. The role of endocrine deficiency and deficiency diseases in the production of joint and bony change, is at present very nebulous, none of the cases threw any light on the question, except that the one case of *acromegaly* examined showed the usual joint and bony change.

#### FIBROSITIS.

5 male, 13 female, 18 cases. 10 fit. 8 unfit.

Many cases diagnosed as neuritis and arthritis are not joint or nerve conditions, but really <sup>are</sup> cases of muscular fibrositis. The muscles are/

are painful, the area round the affected muscles is the seat of considerable pain, commonly the shoulder and elbow, or if the fibrositis be in the erector Pilae muscles, severe headache is usually complained of. If the muscles can be carefully palpated round the insertions or point of origin, small tender nodules may be found. A neurasthenic state frequently is an accompaniment, definite lethargy and inability for effort, showing that to some extent at least, there is some truth in the theory of Kempf, who frankly maintains that our consciousness and thoughts are determined by the tone and tension produced by the autonomic apparatus in the muscles, which move our bodies and limbs. Very often there is digestive disturbance, constipation and colitis, and frequently septic teeth.

In case No. 158, a woman in whom all the teeth were supposed to have been extracted, a wisdom stump was discovered, from the apex of which after extraction a pure streptococcus was isolated. The majority of the cases were found to be fit for work. It is only when the condition is very widespread, or the treatment of some septic focus with removal and preparation of an autogenous vaccine is indicated, that incapacity ought to be for a short time, prolonged.

#### ANAEMIA.

1 male, 59 female. 32 fit, 28 unfit.

The case of anaemia in the male patient, No. 128, was obviously secondary from the blood examination, but no definite diagnosis could be formed.

In cases of anaemia a septic focus was always

sought, and any evidence of endocrine disturbance. In those associated with the latter so far as they could be afterwards followed up, endocrine therapy proved to be beneficial. Anaemia, it has been found however was far too loosely diagnosed, and unless accompanied by well marked haemic murmurs, and pallor is not a sufficient cause of incapacity for more than a short period. I say the latter advisedly, because in no instance ought a full examination of the chest to be neglected, in case of some tubercular infection, and inquiry ought always to be made into the family history, e.g. cases, 118 and 144. In one of the cases quoted under Acute Tuberculosis Table I, before the acute and rapid tubercular outbreak there was a period of a few months with definite and uncared for anaemia.

The two cases of intestinal obstruction had lasted a considerable time, and the recurring paroxysmal pain relieved by the passage of **flatus** had not received the attention deserved.

The **five** of diabetes were all advanced, with serious secondary complications, and all were incapable of work, **none had received Insulin.**

Only one of the cases of exophthalmic goitre was found to be capable of work, in her case the **tachycardia** had markedly subsided, although the goitre and exophthalmos remained. In assessing the working capacity of those suffering from this disease, chief reliance must be placed on the cardiac condition, which/

which should not be estimated until the patient has had a short rest, and got over the apprehension of examination.

In the hyperthyroidism cases, which may be looked upon as larval forms of exophthalmic goitre, two were found to be capable, the tachy cardia having largely subsided, and exercise tolerance found to be satisfactory.

The examples of malignant disease call for no comment. There were seven in the series convalescent from rheumatic fever, only one was found to be fit, in the others there was still joint pain and swelling or acute rheumatic endocarditis.



43.

3.

DISEASES OF NERVOUS SYSTEM AND SENSE ORGANS.

## DISEASES OF NERVOUS SYSTEM AND SENSE ORGANS.

EPITOME.

Disease.	Female.	Male.	Fit.	Unfit.	Total.
Insular Sclerosis	3	7	0	10	10
Myelitis	3	1	0	4	4
Ataxic Paraplegia	1	1	0	2	2
Amyotrophy Lat					
Sclerosis	1	1	0	2	2
Paralysis Agitans	0	2	0	2	2
Tabetic G.P.I.	0	2	0	2	2
Enceph Lethargica	1	1	0	2	2
General Paralysis	0	3	0	3	3
Cerebral Haem.					
(1) Hemiplegia	1	1	0	2	2
(2) Sen. Decay	1	1	0	2	2
(3) Paraplegia	1	0	0	1	1
(4) Aphasia	0	1	0	1	1
Locomotor Ataxia	0	4	0	4	4
Epilepsy	12	7	5	14	19
Migraine	1	0	0	1	1
Spastic P'plegia	1	0	0	1	1
Cerebro-spinal					
Syphilis	0	1	0	1	1
Oto-sclerosis	3	0	2	1	3
Otitis Media	5	2	1	6	7
Mastoid Abscess	0	1	1	0	1
Nasal Sinus					
Suppuration	0	1	1	0	1
Antral Suppur.					
c Polypi	1	0	1	0	1
Melancholia	5	2	2	5	7
Ac Confus. Insan.	1	3	0	4	4
Paranoia	0	3	0	3	3
Dementia Praecox	1	1	1	1	2
Maniac-Depress.					
Insanity	0	1	0	1	1
Hysteria	7	0	2	5	7
Psychasthenia	0	1	0	1	1
Neuralgia	1	0	1	0	1
Peripheral Neur	1	1	0	2	2
Brachial Neurit.	1	4	1	4	5
Sciatica	2	12	5	9	14
Conjunctivitis					
c Corneal Ulcer	0	1	0	1	1
Glaucoma	0	1	0	1	1
Cataract	1	3	0	4	4
Irido Cyclitis	9	0	0	9	9
Retin. Pigmentosa	1	1	0	2	2
Dissem Choroiditis	0	1	0	1	1
Retrobulbar Neur	1	0	0	1	1
Dacryo Cystitis	1	0	0	1	1
Chorea	2	0	2	0	2
TOTALS	69	72	25	116	141

## DISEASES OF NERVOUS SYSTEM SENSE ORGANS.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	F.	6	195.	Caretaker. Minit. Myelitis and secondary Cord degeneration.
2	M.	3	258.	Labourer. Minit. ataxic paraplegia with Dementia.
3	F.	3	340.	Domestic Servant. Minit. Insular Sclerosis of Cord & Bulbar Paralysis.
4	M.	5	363	Traveller. Minit. Amyotrophic Lateral Sclerosis
5	M.	2	5-1	Farm Servant. Minit. Insular Sclerosis. history of accident.
6	F.	4	309.	Domestic Servant Minit. Ataxic Paraplegia.
7	M.	5	211	Insular Sclerosis. long standing
8	M.	6	52	Labourer Minit. Paralysis Agitans. Early. Rigidity prominent.
9	M.	3	142	Checker. Minit. Insular Sclerosis.
10	M.	2	100	Farm Servant. Minit. Insular Sclerosis.
11	F.	6	34	Domestic Servant. Minit. Amyotrophic Lat. Sclerosis.
12	M.	4	11	Joiner Minit. Myelitis.
13	F.	3	31	Housemaid. Minit. Insular Sclerosis.
14	F.	3	407	Housemaid. Minit. Insular Sclerosis. bedridden.
15	M.	6	400	Gardener. Minit. Paralysis Agitans.
16	M.	5	25	Farm Servant. Minit. Insular Sclerosis.
17	M.	4	151	Tailor. Minit. Insular Sclerosis.
18	M.	6	445	Iron Fitter. Minit. Tabetic G.P.S. long duration
19	M.	4	17	Lineman Minit. Insular Sclerosis. well marked paraesthesiae
20	M.	6	28.	Beerstaller. Minit. Paralysis left arm, probably sequel to Encephalitis lethargica.

## DISEASES of Nervous System &amp; Sense organs

No.	Sex.	Age in Years	Duration in weeks	Remarks.
21	m	5	40	Labourer. Unbit. L.P. I. third stage.
22	m	6	8	Labourer. Unbit. Cerebral Haemorrhage with severe decay.
23	f	4	60	Charwoman. Unbit. Paraplegia. old Cerebral Haemorrhage.
24	m	4	15	Labourer. Unbit. Locomotor ataxia.
25	m	4	153	Stone polisher. Unbit. Tabetic L.P. I.
26	m	6	329	Tailor. Unbit. Locomotor ataxia.
27	m	3	83	Quartz Polisher. Unbit. Locomotor ataxia with optic atrophy.
28	f	2	170	Dressmaker. Unbit. Myelitis
29	m	4	57	Labourer. Unbit. Locomotor ataxia with severe lightning pains.
30	f	3	100	Fishworker. Fit. Epilepsy.
31	m	3	7	Skin. Drier. Fit. Epilepsy.
32	f	2	18	Robbler. Fit. Epilepsy.
33	m	3	97	Shop Assistant. Unbit. Epilepsy.
34	f	2	86	Draper. Unbit. Epilepsy.
35	f	2	121	Domestic servant. Unbit. Epilepsy. Fits severe.
36	f	4	22	Domestic servant. Unbit. Epilepsy. Fits severe.
37	m	6	73	Tailor. Unbit. Epilepsy & some dementia.
38	f	2	50	Clerkess. Unbit. Epilepsy & some dementia.
39	f	2	4	Cook. Unbit. Epilepsy. Fits severe.
40	f	3	105	Housemaid. Unbit. Epilepsy. Fits severe.



## DISEASES of Nervous System &amp; Sense Organs.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
41	m	1	22	Shoemaker Fit. Epilepsy. fits infrequent.
42	m	6	313	Housekeeper. Mumbit. Epilepsy & Card. affection.
43	m	3	19	Plater Mumbit Epilepsy & Pulm. Tubercle.
44	f.	2	9	Housemaid. Mumbit. Epilepsy. fits severe.
45	f.	2	34	Kitchenmaid Mumbit. Epilepsy & Dementia.
46	m	4	46	Saddler Mumbit Epilepsy & Dementia.
47	f.	5	242	Housemaid. Mumbit. Epilepsy & Cardiac Affection.
48	f.	2	3	Net Braider. Mumbit. Migraine & ear: Turbinates.
49	m	5	14	Docklabourer Mumbit. Early L.P. I.
50	f.	2	18	Domestic Mumbit. Myelitis below lumbar End. prob: small Ecthyves in Cord.
51	m	4	109	Stonemason Mumbit Aphasia.
52	f.	5	210	Charwoman Mumbit. Spastic Paraplegia.
53	m	2	69	Labourer Mumbit. Hemiplegia following Influenza.
54	f.	6	67	Housemaid Mumbit. following Cerebral Haemorrhage.
55	f.	4	104	Charwoman Mumbit. Cerebrospinal Syphilis.
56	m	6	315	Labourer Mumbit. Cerebral Softening.
57	f.	3	85	Domestic Sewant. Fit. otosclerosis aggravated by recent Influenza.
58	f.	5	133	Fishworker Mumbit. otosclerosis - Meniere's Symptoms.
59	m	2	9	Soldier Mumbit. Otitis media. Radical operation required.
60	m	2	5	Labourer Fit Otitis media.

## DISEASES of Nervous System Senses &amp; Organs

No.	Sex.	Age in Years	Duration in weeks	Remarks.
61	F	2	2	Shop Assistant. Mucit. Otitis Media.
62	M	3	15	Chef. Mucit. Otitis Media with involvement of Labyrinth.
63	F	2	37	Tailor. Mucit. Otitis Med. requiring Radical operation.
64	M	5	14	Printer Mucit. Mastoid Abscess.
65	F	5	413	Fishworker Mucit. Otitis Med. Influenza severe & Bronchial Catarrh.
66	F	2	6	Milkworker. Mucit. Otitis Media following Influenza.
67	F	2	10	Housemaid. Mucit. Otosclerosis.
68	M	5	31	Fisherman. Fit. nasal sinus suppuration.
69	F	3	22	Shop Assistant. Fit. Acute suppuration with nasal polybi.
70	F	6	12	Provision worker. Mucit. Melancholia. severe suicidal.
71	M	2	86	Clerk. Mucit. acute Confusional Insanity & stupor was added.
72	F	3	299	Dressmaker Fit. Melancholia. with some mental enfeeblement.
73	M	5	309	Clerk. Mucit. E.P. I. in process of remission
74	M	4	256	Provision worker. Paranoia. with acute symptoms.
75	F	3	18	Fishworker. Mucit. Melancholia & delusions
76	M	3	18	Cabinet maker Mucit. Dementia Praecox.
77	F	5	162	Dressmaker Mucit. Melancholia & mental enfeeblement.
78	M	2	10	Engineer Mucit. Manic depressive Insanity
79	M	4	23	Fisherman Mucit. Melancholia.
80	M	2	9	General Dealer Mucit. General Paralysis, acute

## DISEASES of Nervous System &amp; sense organs

No.	Sex.	Age in Years	Duration in weeks	Remarks.
81	F	3	35	Dressmaker habit. Anxiety Hysteria. Substitution neurosis.
82	F	2	2	Clerkess habit Anxiety Hysteria.
83	F	1	8	Typist habit. Dementia Praecox of the Hebephrenic type.
84	m	4	26	Farm Servant habit. acute Confusional Insanity.
85	m	2	108	Shop Assistant habit. Psychasthenia Shell Shock Tremor &c
86	m	2	30	Locomotive Fitter habit acute Confusional Insanity
87	m	2	25	Banker. habit. Paranoia, but showing signs of regression.
88	m	2	35	Labourer Fit. melancholia improving.
89	m	2	14	Butcher habit. Paranoia.
90	F	3	14	domestic Servant habit melancholia & delusions.
91	F	2	5	Domestic Servant. habit. acute Confusional Insanity
92	F	2	22	Clerkess. Fit. Anxiety Hysteria.
93	m.	6	30	Tailor habit Glaucoma.
94	F	1	68	Shop Assistant habit. Hysteria. Gastric Symptoms & Raynaud's Disease.
95	F	2	24 3	Domestic Servant habit Hysterical Paraplegia.
96	F	1	1	Paper. worker. Fit. Hysteria.
97	F	3	9	Cleaner Fit Neuralgia.
98	F	4	16	Charwoman habit. Brachial Neuritis.
99	m	5	12	Fish Curer Fit Sciatica.
100	F	2	2	Shop. Assistant habit. Opitis med. Sicca.

## DISEASES OF THE SENSORY ORGANS

No.	Sex.	Age in Years	Duration in weeks	Remarks.
101	m	5	39	Labourer. Unbit Sciatica severe.
102	F	1	37	Clerkess. Unbit. Peripheral neuritis following jaundice.
103	m	6	35	Carter Unbit. neuritis Brachial Plexus. with vertebral spondylitis.
104	F	5	5	Bottlewasher Fit. neuritis arm.
105	m	6	139	Oraker. Unbit. Peripheral neuritis alcoholic.
106	m	6	139	Baker. Fit Sciatica.
107	m	6	10	Labourer Unbit. Sciatica.
108	m	6	19.	Iron founder. Unbit. Brachial neuritis.
109	m	6	38	Labourer Fit. Brach: neuritis Cervical Rib but prob. following fract. of Anat: neck of Humerus.
110	m	4	10	Seaman. Fit Sciatica.
111	F	2	4	Domestic Servant. Unbit Sciatica.
112	F	1	33	Clerkess. Fit Sciatica.
113	m	6	7	Warehouseman. Unbit Sciatica.
114	m	5	9	Electrical attendant. Unbit. Sciatica.
115	m	6	25.	Roadman. Unbit. Conjunctivitis Corneal Ulcer after small Pox.
116	m	6	362	Labourer Unbit. Cataract. Glaucoma.
117	F	3	5	Chamwoman Unbit Lidocyclitis.
118	m	6	97.	Baker Unbit. Tumour of eye for surgery. Sympath. ophthalmia in other Housekeeper. Unbit.
119	F	5	318	Cataract bilateral.
120	F	2	90.	Photographer Unbit. Lidocyclitis.



## DISEASES of Nervous System &amp; Sense Organs

No.	Sex.	Age in Years	Duration in weeks	Remarks.
121	F.	4	269.	Domestic. Iritis. Indocyclitis, severe. vision poor.
122	F.	5	119.	Chambermaid Iritis. Indocyclitis, severe. vision poor.
123	F.	6	110	Chambermaid. Iritis. Indocyclitis severe.
124	F.	4	99	Chambermaid Iritis. Indocyclitis severe.
125	F.	2	101.	Shop Assistant. Iritis. Indocyclitis.
126	M.	4	43.	Railway porter. Iritis. Retinitis Pigmentosa.
127	F.	4	314.	Domestic Servant Iritis. Indocyclitis severe.
128	M.	5	68	Baker Iritis. Iritis & iridodilated Choroiditis.
129	F.	2	5.6.	Domestic Servant Fit. Conjunctivitis & Iritis.
130	M.	6	21	Wagoner. Iritis. Cataract.
131	F.	2	31	Domestic Servant. Iritis. Retinobulbar keratitis.
132	F.	2	31	Domestic Servant Iritis. Indocyclitis & severe myopia.
133	F.	5	9.	Cleaner. Iritis. Dacryocystitis.
134	F.	6	100	Domestic Servant. Iritis. Retinitis Pigmentosa.
135	M.	6	3	Hander Iritis. Sciatica.
136	M.	6	3	Hander Iritis. Sciatica.
137	F.	2	9	Shop Assistant. Fit Chorea
138	F.	1	13	Shop Assistant Fit Chorea.
139	M.	5	6.	Hander Iritis. Sciatica.
140	F.	2	18.	Domestic Servant Iritis. mental depression after encephalitis lethargica aff. Suicide



TABLE NO. 111.  
DISEASES of Nervous System and Sense Organs

[illegible]

The cases examined show considerable variation, and in the series are included several of mental disorder.

To a large extent working capacity after a mental break down depends on the presence <sup>or absence</sup> of acute or ~~present as~~ subacute symptoms, whether mental enfeeblement is an accompaniment or a result and on the general physical condition.

Dementia Praecox and Paranoia cases, if no acute mental symptoms are present, or if they have largely subsided, even if there be some accompanying mental enfeeblement are capable of suitable employment.

In one paranoiac, No. 87, suitable work on a farm was arranged and was successfully performed, although the previous occupation (Bank Clerk) was impossible; a girl with "Hebephrenia" (83) who was acutely ill at the time of examination, when last seen was showing satisfactory signs of improvement, and although unable to return to her work as a typist on account of a mildly confusional state was starting sewing work in her own home.

Two of the 5 melancholias had reached the state where work would be helpful and were able to resume.

#### HYSTERIA.

Five were typical illustrations of the Freudian anxiety state, 81, 82, 92, 95, 141, with painful repressed complex, and two had in addition a well/

well marked substitution neurosis 81, 95.

In one girl (81) this was connected with a fall down stairs and a severe blow to the 3rd & 4th Dorsal vertebrae by a swing door. From the first X-ray findings either an early tubercular process or <sup>or</sup> ~~Kearns~~ <sup>Kearns</sup>'s Disease was suspected, but X-ray examination made at my request about three months later revealed nothing abnormal, and on treatment being directed to the mental condition recovery took place.

95 suffered from severe pains in legs, probably rheumatic in origin, when she received a sudden, severe mental shock, and probably accounted for the paralytic condition.

141 affords the best illustration of a hidden repressed complex. A woman actually 52, with depression, delusions of wickedness, dreams of suffocation and persecution by a figure, resembling in appearance a man who in a state of intoxication assaulted her about 36 years previously.

Two examples illustrating the sequelae of Encephalitis Lethargica were examined. 20 and 140. The former showed a paralytic condition in the arm, the latter purely mental symptoms.

It does not seem to be sufficiently realised that, after an attack of Encephalitis Lethargica, from which recovery is supposed to have taken place ---- there is frequently for many months an altered personality, which may be described as an exaggeration of a mental trait previously more or less unobtrusively present/



present; all gradations may, of course, be present, in the girl above referred to a strong suicidal tendency developed, culminating in an attempt at self destruction in Aberdeen Harbour.

Two cases which I have closely followed in a private capacity, (one a relative) showed on the other hand the minor mental observations. Self assertiveness in a lady, who although naturally of this type was always reasonable, and mental lassitude in a man much in excess of his normal somewhat lethargic cast of mind.

The estimation of capacity for work in mental cases is always very difficult, and no class of case calls for closer individual consideration, and the suitability of the proposed work becomes essentially a medical question.

In the presence of subacute symptoms, it is infinitely safer to declare the patient unfit, it is only when the mental aberration is not obtruded that suitable work can be recommended in chronic cases, and in one patient, 90, the Approved Society was enjoined to allow full work (though unremunerated) when still in receipt of Sickness Benefit, as a tentative measure to gauge the capacity, the result was very satisfactory.

#### EPILEPSY.

No. 19. Female 12, Male 7, Fit 5, Unfit 14.

The diagnosis certainly sometimes gives rise to difficulty. The history of the fits and the reports of/

of the panel practitioner are the main points to rely on in coming to a conclusion. These facts are not always reliable, on one occasion what appeared to be genuine epileptic attacks turned out to be purely hysterical. There is no doubt whatever, that in every way work for an epileptic is highly desirable, in that, it tends to make them much less irritable and infinitely easier to look after.

While this assertion is, I think, undoubtedly true, it is only possible when the patients are under supervision in <sup>an</sup> epileptic colony or elsewhere, and the broad fact must be realised that the possible remunerative work that can be undertaken is limited. Their mental condition makes working with others very difficult, and here again I feel strongly that in certifying an epileptic as capable of work, the availability and type of work must be considered as a medical question.

As contraindications I would postulate:-

- (1) Signs of mental enfeeblement.
- (2) Frequent and regular seizures.
- (3) Seizures which though rather infrequent are of the severe type with history possibly of previous injury, and also, if following them, there are any delusions or hallucinations, even fugitive in character.
- (4) Seizures the result of organic disease.

On the other hand:-

- (1) Where the fits are infrequent or have been/

been absent 6-9 months.

(2) Where they are amenable to Bromides.

(3) Where they are nocturnal.

(4) Where the general health is good I think suitable work should be attempted.

Of the degenerative cord lesions, the commonest has been found to be "Insular Sclerosis" in none was capacity for work possible, the disease having generally reached an advanced stage.

Naturally, the latter is the main fact on which capacity can be assessed. Even when the disease is early, however, the working outlook is not good, as, well marked tremor in Paralysis Agitans and Insular Sclerosis, well marked rigidity without much tremor in the former and severe lightning pains in an early Locomotor Ataxia preclude any attempt.

Brachial Neuritis is one of the most commonly diagnosed ailments and yet only 5 cases appear in the series, in two associated with cervical rib, (in one instance bilateral), and in one with vertebral spondylitis.

In case 109, the neuritis was associated not only with cervical rib, but also with a fracture of the anatomical neck of the humerus, it was impossible to determine the causative agent.

The majority of patients certified as suffering from Brachial Neuritis had merely a fibrositis of the arm and shoulder muscles with no anaesthesia or muscular atrophy, although the condition had/

had usually lasted a long time.

Sciatica, on the other hand, appears to be much more common, and is when present a prolonged cause of incapacity. In my opinion little doubt need be felt if there are tender points along the line of the nerve and marked pain on hip flexion.

Diseases of the special sense organs were not numerous, and do not call for special mention.

Of the otitis media cases, six were found unfit, largely because radical operation appeared desirable.

Deafness, prominent in the three cases of ~~Arto~~Oto-Sclerosis, in two, seemed no bar to some kind of work, more especially as the incapacity from that <sup>had lasted</sup> cause/a very long time, the other was found unfit, because of severe tinnitus and meniérism.

In the small eye series there were 9 cases of iridocyclitis, all had lasted a long time, and all were found to be unfit. The tendency to relapse, and the impairment of vision consequent upon the frequent attacks, makes this disease a serious cause of incapacity.



4.DISEASES OF CIRCULATORY SYSTEM.

DISEASES OF CIRCULATORY SYSTEM.

	<u>Male.</u>	<u>Female.</u>	<u>Fit.</u>	<u>Unfit.</u>	<u>Total.</u>
Mitral Stenosis	23	25	3	45	48
Myocarditis	9	31	2	38	40
Aortic Incompetence	3	0	0	3	3
Mitral Incompetence	3	12	1	14	15
Aortitis	2	0	0	2	2
Cardiac Debility	6	2	3	5	8
Cardiac Irregularity	6	1	1	6	7
Congenital Heart Dis.	2	0	0	2	2
Arterio Sclerosis	47	23	3	67	70
Varicose Veins	12	29	4	37	41
Aortic Aneurysm	1	0	0	1	1
Haemorrhoids	0	1	0	1	1
Phlebitis	<u>0</u>	<u>2</u>	<u>0</u>	<u>2</u>	<u>2</u>
	<u>114</u>	<u>126</u>	<u>17</u>	<u>223</u>	<u>240</u>

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	F	5	20 3	Housemaid. Mitral Stenosis. Cardiac Dilat. Hypertrophy of L.V.
2	F	2	3 3	Millworker. Mitral Stenosis. Fail of Comp. Rheumatic Fever.
3	M	4	3 8	Shedder. Mitral Stenosis. Ac. approx by Syphilis.
4	F	6	8	Fishworker. Mitral Disease. Fail of Comp. Auricular Fibrillation.
5	F	5	3 11	Dressmaker. Mitral Stenosis. Fatty deg. of Heart. 70% C.
6	M	5	8 5	Shoemaker. Mitral Disease. Auricular Fibrillation.
7	F	6	3 20	Charwoman. Mitral Stenosis. Deg. Myocarditis (fatty).
8	F	2	16	Waitress. Mitral Stenosis. Hist of Rheum Fever. 70% C.
9	F	4	3 33	Housekeeper. Mitral Stenosis. Hist of Rheum Fever. Failure of Comp. ad standing mitral.
10	F	6	14	Domestic. Mitral Stenosis. Cardiac Dilat. Degenerative Myocarditis.
11	F	6	16	Charwoman. Mitral Stenosis. Hist of Rheum Fever. 70% C. Bronchial Catarrh.
12	F	3	5 5	Domestic Servant. Mitral Stenosis. Hist of Rheum Fever.
13	M	4	16	Printer. Mitral Stenosis. Hist of Rheum Fever.
14	M	3	2 36	Labourer. Mitral Stenosis. Hist of Syphilis.
15	F	5	8	Housekeeper. Mitral Stenosis. Cardiac Debility.
16	F	4	3 41	Housekeeper. Mitral Stenosis. Acute Fibrill. Hist of Rheum Fever.
17	M	6	14	Labourer. Mitral Stenosis. Hist of Rheum Fever.
18	F	5	3 26	Domestic. Mitral Stenosis. Hist of Rheum Fever.
19	F	5	2 5	Domestic. Mitral Stenosis. Hist of Rheum Fever.
20	F	5	11	Domestic. Mitral Stenosis. Hist of Rheum Fever.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
21	F	5	233	Chamberlain unfit Mitral Stenosis & failure of compensens.
22	F	6	313	Housekeeper unfit Degen. myocarditis, angina.
23	M	1	11	Shipwright unfit - Mitral Stenosis; Pericard; Pleur. & Erys. Rheum Fever.
24	M	6	116	Shoekeeper fit Mitral Insufficiency compens. food
25	F	3	10	Housekeeper unfit, Mitral Insuff. History of Rheum Fever.
26	F	5	73	Domestic Servant fit Mitral Stenosis compensation food
27	F	6	130	Millworker unfit, Mitral Stenosis and Bronch. Catarrh.
28	M	2	23	Labourer unfit - Myocarditis & Mitral Ins after Rheum Fever.
29	F	6	398	Millworker unfit Fatty Heart
30	F	6	50	Domestic unfit Fatty Heart.
31	F	5	34	Housekeeper, unfit Card. deb. & Tachycardia
32	M	3	34	Bookmaker unfit Mitral Stenosis, Rheum Fever.
33	F	5	15	Housekeeper, unfit - Mitral Disease myocarditis Aortic. fibros.
34	F	1	2	Housekeeper unfit Mitral Ins. Rheum. Fever History.
35	M	6	4	Traveller fit - Mitral Insufficiency compens. food.
36	F	5	23	Housekeeper unfit. Dege. myoc. failure of compensens.
37	M	5	12	Labourer unfit. D.H. war service.
38	F	4	43	Shop assistant unfit - Mitral Stenosis. Fail of compensation.
39	M	2	8	Chamberlain fit, Tachycardia war service
40	M	6	16	Shoe Polisher unfit Dege. myoc. & endocard.



DISEASES. *Prof. Circ. System*

No.	Sex.	Age in Tons	Duration in weeks	Remarks.
41	7	5	13	Housekeeper mbit. Toxic myocarditis added Influenza.
42	m	6	30	Farm servant. mbit. mitral Stenosis, attacks of angina.
43	m	5	69.	Warehouseman mbit. mitral Stenosis & Incompleteness Hemiplegia.
44	m	3	6	Clerk mbit. mitral Stenosis Embolism.
45	m	2	28	Postman mbit. mitral Stenosis embolism
46	m	4	30	motor engineer mitral Stenosis muscular fibrillat. recent Influenza.
47	f.	3	199	house. mbit. mitral Stenosis & Incompleteness Failure of Compens.
48	7	2	109	Shop Assistant mbit. Tachycardia. Paroxysmal causation unknown
49	7	6	16	Domestic servant fit. Cardiac debility.
50	m	3	31	Shellworker mbit. mitral Stenosis attacks of tachycardia
51	m	5	91	Tailor mbit. arthritis. anginal attacks prob. Syphilis.
52	M.	3	20	Proabmaker mbit. myocarditis. congenital Syphilis.
53	m	1	17	Labourer mbit. Congenital Heart Disease.
54	m	2	28	Carpenter mbit. mitral Stenosis & Incompleteness frequent Haemoptysis
55	m	6	173	Carpenter mbit. mitral Stenosis Failure of Compens.
56	7	2	82	Fishworker fit. mitral Stenosis. Compens. well established.
57	m	6	32	Labourer mbit. Degen. myocarditis Bronchitis.
58	m	6	49.	Mason mbit. Deq. Myoc. Fail of Comp.
59	m	3	20	Farm servant mbit. Cardiac Deb. following Infl.
60.	m	3	70	Farm servant mbit. Arthritis, Syphilis.

DISEASES of Circulatory System

No.	Sex.	Age in Tons	Duration in weeks	Remarks.
61	F	5	7	Insurance Agent miltit Card. Deb. after Influenza
62	F	2	107	Welder miltit Mitral Stenosis - Failure of compens.
63	F	2	19	Spinner miltit Mitral Stenosis. Failure of comp.
64	m	6	28	Ship's Cook miltit Cardiac Deb. Asthenia
65	m	3	8	Holder miltit. Fit Cardiac Debility
66	m	6	19	Chamberlain miltit Mitral Stenosis. Failure of compens.
67	m	3	37	Labourer miltit Mitral Stenosis
68	m	2	23	Gamekeeper miltit Mitral Stenosis Tachycardia.
69	m	2	46	Electrical Engineer miltit. Mitral Stenosis. Failure, inf. Auricular Fibrillation
70	F	6	36	Housekeeper miltit, Reg. Myocarditis aggravated by Influenza
71	m	6	18	Farmhand miltit Mitral Stenosis. Failure of Compens. after influenza
72	m	5	13	Carter miltit, Myocarditis after Infl. wasting of Subostei.
73	F	4	27	Charwoman miltit. Mitral Stenosis. Failure of Comp.
74	F	6	42	Rag Sorter miltit Reg. Myocarditis with Failure of Compens.
75	F	6	5	Charwoman miltit, Fatty deg. of heart Aggravated by Influenza.
76	F	5	67	Clerk miltit Interstit Myocarditis, auric. fibrillation
77	F	4	12	Charwoman miltit, Tachycardia after Influenza.
78	F	3	44	Millworker miltit. Mitral Stenosis Dist. Rheum. Fever
79	F	2	4	Needleworker miltit Mitral Stenosis with Cardiac dilatation
80	F	3	39	Fishworker miltit Mitral Stenosis Dist. of Chorea.

## DISEASES of the Circulatory System

No.	Sex.	Age in Years	Duration in weeks	Remarks.
81	F	5	19	Charwoman mbit Cardiac hypertrophy. High BP nephritis
82	F	2	226	millworker mbit mitral stenosis Hemiplegia embolism
83	F	6	38	Charwoman mbit degenerative myocarditis
84	F	6	22	Combination mbit mitral stenosis Angina.
85	F	2	20	Domestic Servant mbit mitral incompetence follg. Rheum. Fever.
86	F	4	12	Tablemaid mbit mitral incomp. Rheum. Fever recent influenza.
87	F	2	17	Glove Finisher mbit mitral stenosis & incomp. - Pregnancy -
88	F	4	145	Tool Domestic mbit myocarditis & Rheumatic Fever.
89	F	3	29	Fishworker mbit myocarditis following Influenza -
90	M	2	13	Labourer mbit Tachycardia. ? Hyperthyroidism
91	F	2	32	millworker mbit mitral incomp. follg Rheumatic Fever.
92	F	6	50	Domestic Servant mbit. deg. Myocarditis.
93	F	3	24	urse mbit myocarditis after Influenza
94	M	1	87	Labourer mbit Cong. Heart Disease.
95	F	6	216	Housekeeper mbit. degenerative Myocarditis.
96	F	5	25	urse mbit. Myocarditis after Infl.
97	M	3	31	Engine Driver - mitral sten & inc - attacks of asthma -
98	M	4	77	Labourer mbit myocard: after Infl. Erysip & Anis. Fibrillation
99	F	2	33	Template Worker. mitral incomp. affrav. by Pregnancy.
100	M	2	8	Knives mbit. Tachycardia. ESW Chest



No.	Sex.	Age in Years	Duration in weeks	Remarks.
101	F	6	413.	Housekeeper mbit. Seq. myocard. failure of Comp.
102	F	4	27	Bottlewasher mbit. myocard. after Influenza.
103	M.	4	46	Labourer mbit Cardiac irreg. after an accident.
104	F	4	44	Labourer mbit. myocard; auricular fibrill. syphilis.
105	m	3	71	Shelworker mbit: mitral stenosis. Failure of compensation.
106	F	2	268.	Fishworker mbit: mitral & aortic dis: Rheumatic History—
107	m	2	36	Labourer mbit. mitral stenosis.
108	F	6	197.	Chamwoman mbit. Seq. myoc: and arthritis.
109	F	3	40.	Cook. mbit (Inc). mitral disease. History of septicaemia: endocarditis.
110	m	3	148	Warehouse packer mbit. mitral and aortic disease auricular fibrillation.
111	m	4	27.	Labourer. mbit. Dart. ever revised fatty cardia.
112	F	2	60.	Tailor mbit. Compens. Heart dis into a Rheum: endoc: added.
113	F	4	30	Domestic servant. mbit mitral stenosis & leucem.
114	F	6	291	Chamwoman. mbit. Seq. myoc: F & V.C.
115	F	5	117.	Chamwoman mbit Seq. myoc: F & V.C.
116	F	3	20	Domestic servant mbit mitr. sten & aortic. Fibrill.
117	F	4	20	Domestic serv: mbit. mitral sten & Glycosuria.
118	m	5	9	Clerk mbit. Fatty Seq of Heart.
119	m	2	31	Fisherman mbit. mitr. sten & leucem.
120.	F	5	21	Nurse mbit mitral sten & leucem.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
121	m	4	14	Paper worker unbit. Arterio Scler. Syphilis.
122	f	6	36	Cleaner unbit. Myoc: deg. affec. by <sup>arteriosclerosis</sup>
123	m	3	78	Railwayman. bit. mitral stenosis cough food.
124	f	6	7	Cook unbit. Arterio Scl: High BP. Angina.
125	f	6	64	Cleaner. unbit. deg: myocard. fobc.
126	f	5	9	Cleaner. Fit Tachycard. after birth.
127	f	5	133	Fishworker unbit. Art: Scler. Cerebr. Haem. Hist of Syphilis.
128	f	6	29	Chamberwoman unbit. Arter: Scler. High BP: Pro mitral disease. var. veins.
129	m	6	351	House painter unbit. Arter: Scler. Curd Hyphostroph.
130	m	6	151	<del>Arter: Scler.</del> wood sawyer unbit. Arter: Scler. deg. myoc.
131	f	5	38	Storekeeper unbit. Arterio Scler. fobc.
132	m	6	33	Farm serv. unbit. Arterio Scler. Prem. Senility.
133	m	6	17	Boat Labourer unbit. Arter: Scler. Arterio Scler. Hist: of Syphilis.
134	f	6	18	Housekeeper unbit. Arterio Scler. deg. valvulitis.
135	m	4	14	Painter unbit. Arterio Scler. Hist: lead poisoning
136	m	6	104	Railway Porter unbit. Arter: Scler. Card. Hyper. commencing fobc.
137	f	6	212	Cartaker unbit. Arterio Scler. Dyspnoea severe nerve. pains.
138	f	5	144	Cleaner unbit. Arter: Scler. old Hemipleg.
139	m	6	61	Painter unbit. Arterio Scler. Hist of lead poisoning. Angina
140	f	6	300	Fishworker unbit. Arterio Sclerosis + cerebral softening.

## DISEASES of Circulatory System.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
141	m	5	65	Tailor mbit. arterioscl. aortic. aortic Dilat.
142	m	6	25	Farmer mbit. arterioscl. cerebral Haem. apoplexy.
143	m	6	10	Granite Polisher mbit. Arterio Scler. Card. dilat. r.
144	m	6	26	Labourer mbit. arterio Scler. seq. Valvulitis
145	m	6	22	Estate worker mbit. Arterio Scler. Cerebral Apoplexy
146	m	5	1	Riveter mbit. arterio Scler. & Telangiectasis
147	m	6	17	Witchman mbit. arterio Scler. aggravated by influenza.
148	m	4	9	Labourer mbit. mitral stenosis. Card. Hyph. Fail. of Comp.
149	f	6	5	Labourer mbit. arterio Scler. Card. Hyph. Bronch. Catarrh.
150	f	6	275	Handress mbit. arterio Scler. Cerebral Softening
151	m	6	34	Hardener mbit. Arterio Scler. = arteritis.
152	f	5	94	Charwoman mbit. Arter. Scler. Cerebr. Softening and cer. Haem.
153	m	6	2	Tailor mbit. arterio Scler.
154	m	5	14	Cooker mbit. arterio Scler. attacks of v. m. spasm. & unconsciousness
155	m	6	11	Cloth Inspector mbit. arterio Scler. aggravated by influenza.
156	f	6	20	Farmer mbit. arterio Scler. aggrav. by Infl.
157	m	6	193	Hardener mbit. arterio Scler. seq. Myoc. Bronch. Catarrh.
158	f	6	27	Boot Fitter mbit. Arterio Scler. High B.P. Pr.
159	f	5	17	Fishworker mbit. High B.P. Bronch. Cat.
160	m	6	90	Carter mbit. arterio Scler. High B.P. severe neurc. pains.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
161	M	6	2 3	Fireman mbit. Arterioscler. High art. P. Fail of Comp.
162	M	6	1 3 3	Insurance agent mbit. Arterioscler. & Angina.
163	F	6	5	Charwoman mbit. Arter. Scler. Deg. Myoc.
164	M	6	10	Shoemaker mbit. Arterioscler. & Bronchitis.
165	M	6	17	Farmer mbit. Fit. Arterioscler. & Card. Hy. H. app. by Int. App. aggravation passed off.
166	F	6	21	Wagon mbit. Arterioscler. Card. Hyper & Dil. Dyspnoea.
167	M	6	2 6	Labourer mbit. Arterioscler. Card Hyper.
168	M	6	8	Cattleman mbit. Arterioscler. aggravated by recent Lupus eryth.
169	F	6	111	Nurse mbit. Varicose Veins.
170	F	6	57	Domestic Serv. mbit. Arterioscler. Central Soft. Catarrh. Scleroma.
171	M	6	8	Insurance Ag. mbit. Arterioscler. Deg. Myoc. Auric. fibrillation.
172	M	6	57	Seaman mbit. Arter. Scler. Cerebral atheroma.
173	M	5	12	Pastry Case Maker mbit. Arterioscler. & Asthma.
174	M	3	8	Wood Turner mbit. Arterioscler. Myocard. Albuminuria & Syphilis.
175	M	6	60 4	Gardener mbit. Arterioscler. Centr. Atheroma. recurrent Erysipelas.
176	M	5	50	Labourer mbit. Arterioscler. Myocarditis pulsus alternans.
177	M	6	24	Fireman mbit. Arterioscler. Card. Hyper. Dyspnoea. & Angina.
178	M	4	4 2 6	Postman mbit. Arterioscler. Cerebral Atheroma Angina.
179	F	6	21	Domestic Servant mbit. Arterioscler. Arteritis.
180	F	6	210	Nurse mbit. Arterioscler. Utterine Prolapse Dyspnoea.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
181	m	6	103	Shoemaker mbit Arterio Scler. Cerebral Haem.
182	m	6	107.	Pattern maker mbit arterio Sclerosis & vertebral Spoudyitis Cook mbit.
183	F	6	11	Arterio Scler. Cardiac failure.
184	m	6	9	Hammerman mbit. arterio Scler. Small Intestine recently ruptured.
185	m	6	53	Railwayman mbit Arterio Scler. Haemip.
186	m	5	25	Motor Body maker mbit. Arterio Scler. Nephritis.
187	m	6	3	Labourer. mbit. arterio Scler. Fof Comp.
188	m	6	29.	Painter mbit arterio Scler. Asthma
189	m	6	78	Labourer mbit. Arterio Scler. & Cerebr. Atheroma
190	m	6	19.	Cooper. Fit arterio Scler. Card. Hyph. compensation food
191	m	6	11	Fisherman mbit. Arterio Scler. & Bronchitis.
192	F	6	32	Housekeeper mbit. Arterio Scler. & Cerebr. Atheroma
193	F	5	14	Cook mbit. arterio Scler. Haem. Rheumatis.
194	m	6	115.	Stone polisher mbit. Arterio Scler. & Rheumatism
195	m	5	195.	Freeman mbit Aortic Aneurysm
196	F	6	21	Chamwoman mbit varicose Veins.
197	F	6	7	Chamwoman mbit varix phlebitis.
198	F	4	57	Chamwoman mbit varix severe
199	F	5	343	Factory worker mbit varicose Veins ulcer. probably now malignant
200	m	5	323	Stone polisher mbit varicose Veins ulcer prob. now malig.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
201	F	5	3	Domestic unit Varix.
202	F	6	83	Cook unit Varix.
203	F	5	81	Domestic unit Varix ulcer
204	F	5	5	Nurse unit Varix.
205	F	6	52	Maid fit Varix.
206	M	4	104	Labourer unit. Varicose veins. extensive. Conductor unit
207	M	4	33	Varix. Fishworker fit.
208	F	4	28	Varicose veins operative. Nurse unit
209	F	4	113	Varix. Landress unit
210	F	6	130	Varix. Conductor unit
211	M	4	96	Varix. Domestic unit
212	F	4	10	Varix. Phlebitis.
213	F	6	28	Fishworker unit. Varix. Phlebitis.
214	M	5	331	Carter unit Varix.
215	F	4	5	Domestic unit. Varix. ulcer.
216	F	5	8	Domestic unit Varix. ulcer.
217	M	4	12	Transconductor unit Varix.
218	F	2	96	Mechanic unit. Varix. ulceration
219	M	4	7.	Labourer unit Varix.
220	F	5	15	Housekeeper unit. Varix. open shell pain.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
221	F	4	8	Domestic Fit Varix.
222	M	2	4	Labourer unfit Varix.
223	F	3	25	Domestic unfit Varix.
224	F	6	35	Mulleworker unfit Varix.
225	M	6	82	Tailor unfit. ulcer. foot. festov. gangrene
226	F	6	25	Charwoman unfit. Varix.
227	F	6	4	Waste sorter. unfit Haemorrhoids.
228	M	6	11	Labourer. unfit Varix. ulceration.
229	F	6	19	Domestic Fit. Varix.
230	F	4	17.	Housekeeper unfit Varix.
231	F	2	21	Waitress. fit. fit. Varix. phlebitis. resolved.
232	F	3	40.	Nurse unfit. Phlebitis.
233	M	5	50	Labourer unfit. arterioscler. Cataract.
234	F	5	40	Charwoman unfit Varicose ulcer.
235	F	2	10	Shop Assistant unfit Varix.
236	F	5	289	Charwoman unfit. ulcer. leg. malignant.
237	F	2	11	Nurse unfit Varix phlebitis.
238	F	6	4	Cleaner unfit Phlebitis.
239	M	2	11	Fam. servant fit Varix.
240.	F	6	12	Cook unfit mitral disease arteriosclerosis

Diseases of the circulatory system number 240, and constitute a serious loss of productive work.

#### MITRAL STENOSIS.

Male 23, Female 25, Fit 3, Unfit 45. Total 48.

In **three** there had been attacks of angina, accompanying 9 there was fibrillation of the auricles, 5 women, 4 men, Syphilis 1. Pericarditis and Pleurisy c effusion 1, Hemiplegia 2, Embolism 2, with Asthma 1, with frequent attacks of Haemoptysis 1, complicating pregnancy 1, with Glycosuria 1.

In several a previous attack of Rheumatic Fever had been suffered from, on the other hand enquiry frequently failed to elicit the history of an attack, and it would appear that many have their origin in slight and possibly untreated rheumatic conditions in childhood and early youth. In this particular there is a wide scope for exercise of preventive measures, to which the medical inspection of school children will, in time, materially contribute.

I have found also that mitral stenosis is the most commonly missed cardiac lesion, partly because when the patient seeks advice compensation has already broken down and the presystolic murmur is not readily audible. No pathological cardiac condition is so commonly the cause of loss of working capacity, and in none does compensation so easily appear to break down.

#### MITRAL INCOMPETENCE.

MITRAL INCOMPETENCE.

3 male, 12 female, 1 fit, 14 unfit, Tot. 15.

Alone it is not so common an affection of the mitral valve, in those cases a genuine history of previous rheumatic fever was more frequently obtainable, the 14 unfit cases all had some failure of compensation.

AORTIC INCOMPETENCE.

3 male, 0 female, 0 fit, 3 unfit, Total 3.

One gave a history of rheumatic fever, one of syphilis, and in one there was probably an aneurismal dilatation of the aorta.

AORTITIS.

2 cases, one with history of influenza and one of syphilis, both characterised by well marked comparatively localised post sternal pain.

MYOCARDITIS.

9 male, 31 female, 2 fit, 38 unfit, total 40.

One was secondary to an old standing nephritis. In 4 female and 1 male the condition was one of the fatty degeneration. In one congenital syphilis, in one acquired syphilis with auricular fibrillation. Three had myocardial inflammation from a recent attack of rheumatic fever. 8 were post influenzal sequelae, 6 female and 2 male. In the latter, one was accompanied by auricular fibrillation and one, with well marked one sided wasting of the interossei muscles. In 16 female and 3 male the myocarditis was degenerative in nature, sometimes accompanied by murmurs at the mitral area from a degenerative/



degenerative valvulitis, in others there was rapidity and irregularity of the pulse with signs of myocardial exhaustion from probably sclerosis of the coronary vessels, in 2 females auricular fibrillation was present and in 1 there was definite angina.

#### CARDIAC DEBILITY.

6 female, 2 male, 3 fit, 5 unfit, Total 8.

The cause was generally a previous influenzal attack, resulting in a temporary exhaustion of the myocardium..

#### CARDIAC IRREGULARITY.

6 male, 1 female, 1 fit, 6 unfit.

War Service 4, ? Hyperthyroidism 1, after accident 1, cause unknown 1.

Congenital heart disease 2, one was interesting in that a rheumatic endocarditis producing mitral stenosis was added to the congenital condition of a patent Ductus Arteriosus.

#### ARTERIO - SCLEROSIS.

47 male, 23 female, 3 fit, 67 unfit, Total 70.

It is interesting to note that one-quarter of the women and one-sixth of the men were aged between 50 and 60. The remainder were aged between 60 and 70. Whereas degenerative cardiac change in women was more common, general arterio-sclerosis has been found to be more common in men. The symptoms and condition vary, depending upon <sup>what</sup> organ suffered most from improper blood supply. Some had well marked focal symptoms, in others the symptoms were more widespread than/

than focal, there being evidence of malnutrition of all the organs accompanied by debility and poor general condition. The onset of the disease is as a rule insidious, on careful questioning however there is always a definite history of inability to respond to effort, a general feeling of being on a lower plane of health, the patient is more tired at night, less refreshed in the morning and intermittently during the day may have a sudden unexplainable feeling of intense exhaustion. Subjectively also pains in the limbs, severe pains in the back (lumbago) frequently are complained of, possibly a mild form of intermittent claudication.

2 had angina, 4 cerebral haemorrhage,  
14 failure of compensation, 14 premature senility,  
1 c vertebral spondylitis, 1 c telangiectasis,  
5 with bronchial catarrh, 1 had attacks of unconscious-  
ness from vaso motor spasm, 1/ had a pulsus alternans,  
1 melancholia, 1 uraemia, 1 haemorrhagic retinitis,  
14 failure of compensation, 1 auricular fibrillation,  
2 asthma.

As a rule examination of both brachials will reveal arterial thickening on palpation, especially if they be carefully examined throughout the length of their course. Two gave a history of syphilis and two of lead poisoning, the commonest cause however is long continued effort and strain, the initial results of which are increased blood pressure and cardiac enlargement.

#### ESTIMATION OF WORKING CAPACITY.

Diseases/

Diseases of the heart and blood vessels may result in sudden death, invariably therefore when such a case falls to be examined, the question ought to be asked, how serious is this lesion, is it in the category of cases where sudden death is apt to occur, are there any serious premonitory signs or symptoms. More especially, has there been the history of poststernal pain or uneasiness, felt after exertion or waking the individual up at night. After a large experience of General Practice some cases can be looked back upon where such premonitory symptoms alone were present and a fatal angina followed some time later. It is obvious therefore that any case which has dangerous signals of any kind ought to be deemed incapable of work.

Is the lesion old standing and stationary or recent and progressive? An aortic incompetence of many years standing with no specific history may allow of many years strenuous work, one with a fairly recent history of syphilis, and evidence of accompanying aortitis is, of course, quite incapable, similarly with a mitral lesion following a recent rheumatic attack. Broadly speaking, however, the answer to the question depends upon whether compensation has been established; if so, has it broken down before, and therefore all the more likely to do so again, and what is the condition of the myocardium? If exercise tolerance be poor, after careful testing, and if there be dyspnoea on exertion, it is obvious that/

that the heart muscle has no great margin of reserve force, and compensation is poor and likely to easily break down.

The kind of work that has previously been followed must also be taken into account, and even if compensation be fairly good, careful consideration should be given as to whether or not a change of occupation is necessary, it certainly is, if compensation has given way before.

Even with all possible care exercised, the problem is an exceedingly difficult one; experience has shown how many damaged hearts live to a long age and do good strenuous work, yet I found only a few capable of work amongst those examined. I was satisfied that those I certified incapable were genuinely so, it would appear largely to depend upon the integrity and reserve power of the heart muscle, which is a personal equation to each person.

D.A.H. was not commonly observed, there were only a few cases, it is a moot point however as to whether D.A.H. may not eventually result in organic disease, already some cases have been observed where <sup>to have</sup> this ~~seems~~ occurred.

In Arterio Sclerosis, the whole question depends on the extent of the lesion, and whether or not vital organs show signs of diminished blood supply. In those cases the possibility of light work falls to be considered, to which attention will be drawn later on. Only 3 were found to be capable, and in such a condition/



condition producing definite symptoms between 60 and 70, the probability is that the incapacity is permanent.

VARICOSE VEINS AND ULCERATION.

12 male, 29 female, 4 fit, 37 unfit, Total 41.

The number found unfit was largely accounted for by the fact that so many were accompanied by ulceration in various states of healing. In many the ulcerated area, having partly recently healed, was still tender and would easily break down, so further rest was enjoined. The value of complete rest in those conditions is not sufficiently realised, if that could be carried out incapacity would be much shorter.

It is to be hoped also that elastic stockings will soon be on the list of Scheduled Appliances, that will shorten incapacity. Sufficient care is not taken of varicose veins during pregnancy, and as in two of the cases at least, malignant degeneration of the ulcer had occurred, ~~that~~ possibility ought always to be kept in mind.

DISEASES OF THE RESPIRATORY SYSTEM.

DISEASES OF THE RESPIRATORY SYSTEM.

	<u>Male.</u>	<u>Female.</u>	<u>Fit.</u>	<u>Unfit.</u>	<u>Total.</u>
Bronch. & Asthma.	23	13	6	30	36
Bronchitis	8	9	3	14	17
Bronchiectasis	1	0	0	1	1
Pneumonia	6	1	1	6	7
Pleurisy	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>1</u>
	<u>38</u>	<u>24</u>	<u>10</u>	<u>52</u>	<u>62</u>

## DISEASES of Respiratory System.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	m	5	27	Labourer bit. Bronchitis asthma
2	m	4	8	Labourer impit Bronchitis asthma
3	f	5	13	Chemwoman impit Bronchitis asthma. feeble heart
4	m	2	93	Theatre attendant bit Asthma
5	f	3	104	Dressmaker impit Asthma. Bronchial Catarrh
6	m	3	20	Holder up impit Asthma. Bronchial Catarrh
7	f	5	7	Household impit Asthma. Bronch. Catarrh
8	m	6	27	Furnisher. impit Asthma. Bronch Catarrh
9	f	6	20	Cleaner bit Bronchitis.
10	f	6	136	Chemwoman impit Bronch. Renal Colic
11	m	4	71	Furnisher. impit Asthma. Bronch. Catarrh
12	m	3	9	Plaster impit Asthma. & Rhinitis.
13	m	2	5	Engineer. bit Asthma. Bronchitis
14	m	6	10	Labourer impit Asthma
15	f	4	6	Lubricator impit Asthma. Bronchitis
16	f	6	30	Housekeeper impit Asthma. weak dilated heart
17	f	5	20	nurse impit Asthma. Bronch. Catarrh ? Tubercle
18	m	5	37	Carter impit Asthma Bronch Cat
19	m	5	4	Labourer impit Asthma. Bronch. Cat. ? Tubercle
20	m	4	61	Stonecutter impit Bronch. Asthma. Nasal Polyp.



## DISEASES of Resp. System

No.	Sex.	Age in Years	Duration in weeks	Remarks.
21	m	5	195	Clerk. infant Bronchitis & Asthma milliner infant
22	f	1	29	Bronch: & Asthma domestic fit
23	f	3	44	Asthma dressmaker infant
24	f	3	219	Bronchitis & Asthma Boots (Habel) infant
25	m	4	353	Asthma & Bronchitis Farm Servant infant
26	m	4	113	Asthma & Bronchitis labourer infant
27	m	2	6	Bronchial Asthma ? T.B labourer infant
28	m	4	306	Asthma Bronch: ? T.B Blaker infant
29	m	3	1	Asthma. Bronch Cat Nurse infant
30	f	6	6	Asthma. beeblehead Roadman infant
31	m	4	13	Asthm. Bronch: ? T.B. labourer infant
32	m	5	278	Asthma. Bronch: ? T.B Ham Curer infant.
33	m	5	159	Bronchial Asthma Shoassistant fit
34	f	2	28	Asthma. Bronchial Cat. Fishwaker infant
35	f	1	8	Pneumonia. Convalescent labourer infant
36	m	3	14	Pneumonia. Convalescent labourer.
37	m	2	1	Pneumonia Fatal Farm Servant infant
38	m	5	25	Pneumonia foll by hyoecard labourer infant
39	m	5	6	Pneum: Sub: diaph. abscess Jewer infant
40.	m	5	10	Pneum: Convalescing

## DISEASES of Resp. System

No.	Sex.	Age in Yrs	Duration in weeks	Remarks.
41	m	4	13	Lower bit. Pneumonia Recovered Housekeeper infit
42	f	5	19	Pleurisy, slight effusion Boothabourer infit
43	m	6	11	Bruchitis foll. Influenza Fishworker infit
44	f	2	6	Bruch. Cat. anaem. ? T B
45	f	6	11	Housekeeper infit Bruch. Cat: var. veins
46	f	4	13	Charwoman infit Bruchitis
47	m	5	177	Labourer infit Bruch. & Asthma
48	f	5	31	Housekeeper infit Bruch. Cat. follg. Infl.
49	m	5	49	Traveler infit Bruch. Cat: Sinusitis
50	m	6	145	Gardener infit Bruch. Cat ? T B
51	m	1	6	Electrical Engineer infit Bruch. Cat: ? T. B. Left apex.
52	f	3	1	Flax worker infit Bruch. Cat. antr.
53	m	4	17	Ploughman bit Bruch. Cat. slight Sin. fibrosis?
54	f	5	11	Teacher infit Bruchitis
55	m	3	41	Fisherman infit Bruchitis, pulm: osteo- arthropathy
56	m	2	7	Tailor infit Bruch. Cat: ? T B
57	f	5	36	Charwoman infit Bruch. & Asthma
58	f	3	14	Rag Picker infit Bruch. Cat: Influenza
59	m	3	14	Cooker infit Bruchitis
60	m	4	6	Engineer bit Bruchitis

TABLE NO. 5  
DISEASES of Resp. System.

[illegible]

Diseases of the Respiratory System number 62. Cases of bronchitis and asthma constituting 36, of which 6 were found to be fit for work. In no disease is capacity for work so uncertain and so interrupted. Treatment of all kinds, frequently is of no avail, and it is rare that any definite irritating cause can be found such as in case 20, with nasal Polypi and in 12 with marked Rhinitis. In some of the cases an autogenous vaccine had been tried with little or no effect. In 6 cases there was a decided suspicion of a tubercular infection. I always have been of the opinion that such may be the case, but Tubercle Bacilli are difficult to isolate in these cases. Suspicion should be aroused when over a limited lung area, the character of the accompaniments is decidedly metallic and percussion dull, this was very noticeable in case 32. In the interval between the asthmatic bouts, when the attacks are infrequent and chiefly nocturnal with no definite accompanying Bronchial Catarrh, work should be attempted. If, however, there are such well marked secondary changes, as pulmonary emphysema and chronic bronchitis, work can only be attempted in good weather and of a light nature. If in addition there be signs of right sided cardiac distension, and with cardiac embarrassment as an additional and contributory cause of the dyspnoea, then in all probability the patient is permanently unfit for remunerative work.

Bronchitis/



Bronchitis.      3 fit.   14 unfit.   **Total 17.**

Three cases gave a history of recent influenza, in four the condition was probably a tubercular one, and one was of long standing, with well marked hypertrophic pulmonary osteo-arthritis.

Assessment of capacity, naturally depends upon the physical examination and the probable causation of the condition.

The remaining cases call for no comment, except Case No. 39, which was clinically interesting in that a sub-diaphragmatic abscess had developed.

6.

DISEASES OF DIGESTIVE SYSTEM.

	<u>Male.</u>	<u>Female.</u>	<u>Fit.</u>	<u>Unfit.</u>	<u>Total.</u>
Gastric & Duod.					
Ulcer.	9	15	7	17	24
Appendicitis	7	13	7	13	20
Visceroptosis	0	1	0	1	1
Dyspepsia	0	1	0	1	1
Gall Stones	0	2	1	1	2
Cholecystitis	0	2	0	2	2
Pruritus & Fissure	0	1	0	1	1
Ischio-rectal } Abscess }	1	1	0	1	1
Ventral Hernia	1	1	0	2	2
(Pelvic Abscess, cause unknown.	0	1	0	1	1
Pyorrhoea	0	1	1	0	1
(Colitis after Dysentery.	1	0	1	0	1
Diverticulitis	0	1	0	1	1
Inguinal Hernia	2	0	2	0	2
Intest. Obstr. after abd.operation.	1	0	0	1	1
Gastric Dilat.	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>
	<u>23</u>	<u>40</u>	<u>19</u>	<u>44</u>	<u>63</u>
			20	43	

## DISEASES of the Digestive System.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	F.	6	35 7	Charwoman unbit. Gastric Dilatation. not benefited by operation.
2	F.	4	1	Charwoman. unbit. Dyspepsia. Gastric Catarrh.
3	F.	3	10	Cleaner. unbit. Dyspepsia. ? Gallstones. mentally defective.
4	F.	5	53	house fit. Gallstones. operation.
5	F.	3	6	Laundrymaid unbit. Jaundice. Sub. of Gall Bladder.
6	F.	3	1	Fishworker unbit. Cholecystitis.
7	F.	5	48.	Domestic Servant unbit. Pruritus ani fissure.
8	m	4	14.	metalworker unbit. Ischio Rect. Abscess. obel loss of control.
9	m	4	9 7.	labourer unbit. Ventral Hernia.
10	F.	4	33 4.	Knitter. unbit. Pelvic abscess. opening into bowel.
11	F.	2	12	Shop Assistant. Fit. Pyorrhoea. Gingivitis.
12	F.	2	5	Tailor's unbit. appendicitis.
13	F.	1	6	Tailor's. unbit. Appendicitis.
14	F.	3	4 5	Domestic Servant unbit. append: severe suppur. Eius.
15	F.	2	15	Domestic Servant unbit. appendicitis. Complicated. appendix removed.
16	F.	1	14.	Tailor's. unbit. appendicitis. Removal. Dyspepsia.
17	F.	1	14	weaver. Fit. appendicitis Removal.
18	m	6	3	labourer unbit. Dyspepsia ? appendix.
19	F.	5	28	nurse. unbit. append: removal Dyspepsia.
20	m.	5	2 7.	farm servant. Fit. append: Removal.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
21	F	2	27	Fishworker umbil- Append: Removal. fell by Phlebitis
22	F	1	20	Dressmaker umbil- Append: Remov.; Ovaritis Anaemia
23	F	2	71	Domestic Servant umbil- Append: Removal. discharging pus.
24	m	3	22	Labourer umbil- Append: remov. Dyspepsia.
25	F	1	18	Weaver umbil- Append: Removal. ? Tub: left apex.
26	m	4	26	Gardener bit appendicitis removal.
27	F	3	15	Domestic Servant. Fit. Append: removal.
28	F	2	29	Domestic Servant. umbil- Append: removal, severe Hyperchlorhydria.
29	m	2	12	Painter Fit Append: Removal.
30	F	3	12 4	Clerkess. umbil- Gastric Ulcer. freq. haemorrhages. Anaemia.
31	m	5	36.	Farm Servant umbil- Gastric Ulcer.
32	F	3	10	mine bit Gastric ulcer.
33	m	3	24	Farmer Servant. Fit. Duod: Ulcer & Gastric Dilat.
34	F	6	24	Chamswoman umbil- Duod. ulcer. Pain also over Appendix.
35	m	4	8	Labourer bit Gastric dilatation & Hyperchlorhydria.
36	m	6	10	Labourer umbil- Gastric dilat. Gastroenter. done 8 years ago. vomiting frequent.
37	F	4	125	Machineist umbil- Gastric ulcer. Gastroenter/16. Oculus pylorus/17. Improv. v. little
38	F	4	19 4	Mulliner umbil- Gastric Ulcer. Gastroenter. Pain still severe.
39	F	4	60	Fishworker umbil- Gastric Ulcer.
40	F	5	8.	Fishworker bit Gastric Ulcer.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
41	m	3	300	Painter milt. Duod. ulcer, appendicitis Stableman milt.
42	m	6	11	Gastric ulcer. Oper? Malig. Domestic milt.
43	f	2	61	Gastric ulcer. Hyperchlorhyd. Domestic milt.
44	f	2	386	Gastric ulcer. 4 Oper. no improvement Labourer milt.
45	m	5	15	Duod. ulcer. Stom. Dil. Charwoman bil.
46	f	4	54	Gastric ulcer. Aggrav. by influenza Domestic milt.
47	f	2	75	Gastric ulcer Farm-servant milt.
48	m	5	32	Gastric ulcer. Gastro-int. recurrent vomiting. Baker Fit
49	f	4	23	append: removal of appendix Domestic bil.
50	f	2	28	Gastric ulcer Salesman bil.
51	m	6	85	Duod. ulcer. append: Haemorrhage Farm-serv. milt.
52	m	5	49	Gastric ulcer. Oper. Hyperchlorhyd. diet Cope milt.
53	m	3	29	Duod. ulcer. Gastro-int. Stomach Dilat. Domestic milt.
54	f	2	104	Gastric ulcer Weaver milt.
55	f	5	12	Gastric ulcer? append. Domestic milt.
56	f	2	50	Gastric ulcer. Oper. Stomach Dilat & Hyperchlorhyd. Labourer bil.
57	m	3	3	Colitis after Dysentery Barrymaid milt.
58	f	6	20	Ovaritis Woman bil.
59	m	3	1	Inguinal Hernia Charwoman bil.
60	f	4	11	Ventral Hernia

DISEASE of Digestive System.

[illegible]

Diseases of the Digestive System number 63. The commonest causes of incapacity are Gastric and Duodenal Ulcer and Appendicitis.

#### GASTRIC AND DUODENAL ULCER.

The average length of time on benefit was found to be over 76 weeks, and of the series only 7 were fit for work.

Of the unfit 8 had had gastro-enterostomy performed. In one, the condition was probably malignant, the remainder still had such unsatisfactory symptoms as pain and vomiting, and on examination showed marked gastric dilatation. In one case four operations had been performed, in another in 1916 gastro-enterostomy had been done, and in 1917 an occlusion of the pylorus. In three there had also been an appendicectomy.

As factors contributing to the failure of operative procedure, there may be mentioned the failure to treat medically the disease at its commencement with drastic severity, the postponement of operative treatment when medical measures are proving inefficient, and failure of after treatment, more especially of the frequent hyperchlorhydria and gastric dilatation.

No doubt gastric and duodenal ulcer are frequently loosely diagnosed when the condition is merely a perverted hydrochloric secretion, but all patients with signs or symptoms pointing to Gastric or/



or duodenal ulcer ought to be deemed incapable of work, should be fully and exhaustively examined, and treatment should be continuous, and drastic and not, as is so frequently the case, spasmodic and ambulatory.

#### APPENDICITIS.

Female 13, Male 6, Fit 6, Unfit 13.

In three, operation had not been performed, in 16 the appendix had been removed. The average length of incapacity was found to be about 24 weeks. No patient, in my opinion, who has got a diseased appendix ought to work until the organ has been removed. Owing to the congested hospital waiting lists it may be some considerable time before admission can be procured, and it sometimes has been suggested that until then, work might be carried on. I strongly would deprecate any such attempt, the three cases therefore in whom no operation had been performed were considered incapable.

Of the 16 cases that had been operated upon, only 6 were found to be fit.

In two a suppurating sinus was present, one, post operative phlebitis, one, ovaritis and anaemia, one, was suspicious of a tubercular condition, one suffered from debility, in one, the operation was complicated and convalescence was not complete, in four dyspeptic symptoms were present.

Two comments I think are justified, **firstly**, that operation in acute cases is still in some instances too long delayed, and, **secondly**, that the after/

after treatment of chronic cases ought to be less perfunctory, more especially of the hyperchlorhydria and gastric dilatation, which are sometimes secondary conditions, and which the removal of the organ per se will not cure.

Of the two cases of gastric dilatation of doubtful origin, one was associated with a mild degree of hyperchlorhydria, and was deemed fit for work, the other had had gastro-enterostomy performed eight years previously, and had never felt well since.

7.

DISEASES NON VENEREAL OF THE GENITO-URINARY  
SYSTEM AND ANNEXA.

Diseases Non Venereal of the Gen. Urin. System & Annexa.

	<u>Male.</u>	<u>Female.</u>	<u>Fit.</u>	<u>Unfit.</u>	<u>Total.</u>
Chronic Nephritis	0	1	0	1	1
Acute Nephritis	2	1	0	3	3
Salpingitis	0	7	4	3	7
Hydrocele	1	0	0	1	1
Moveable Kidney	0	2	0	2	2
Hypernephronia	1	0	0	1	1
Urethral Fistula	2	0	0	2	2
Fibroid of Uterus	0	3	0	3	3
Stricture	1	0	0	1	1
Vesico Vag. Fistula	0	1	0	1	1
Renal Calculus	1	1	1	1	2
Memorrhagia	0	1	0	1	1
Prolapse	0	6	4	2	6
Ovaritis	<u>0</u>	<u>2</u>	<u>0</u>	<u>2</u>	<u>2</u>
	<u>8</u>	<u>25</u>	<u>9</u>	<u>24</u>	<u>33</u>



No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	F	4	281.	Dressmaker unbit Chronic nephritis
2	F	1	1	Factory worker unbit Acute nephritis
3	M	4	25.	Labourer unbit Acute nephritis
4	M.	3	36	Motor mechanic unbit Acute nephritis
5	F	2	24	Domestic unbit Salpingitis.
6	M	6	14	Canker fit Hydrocele
7	F	2	17	Factory worker unbit Cystitis. Movable kidney.
8	M	5	67	Networker unbit. Haematuria. prob. Hydro-nephrosis
9	F	2	36	Shop assistant unbit Movable kidney.
10	M	4	79	Labourer unbit Artificial fistula
11	M	4	103	Labourer unbit Artificial fist. ext. ur. urine
12	F	4	189.	Saleswoman unbit. Fibroid. rec. Hysterectomy
13	M	4	25	Ship's engineer unbit Stitching
14	F	3	16	Dairymaid unbit Urinary incision. vesico- vag. fistula
15	F	6	39	Charwoman unbit Fibroid.
16	F	4	57	Domestic unbit Hysterectomy Kyphosis
17	M	2	18	Provision worker unbit Dec. abt. oper. Renal Calc.
18	F	3	22	Cleaner bit Oper. Renal Calculus
19	F	2	35	Shop assistant unbit Salpingitis
20	F	3	11	Dressmaker bit Salp. post part



Diseases of the Genito-Urinary System and Annexa, Non Venereal, only number 33. Chronic Nephritis one, Acute Nephritis 2.

The presence of a slight albuminuria with the history of an acute attack of nephritis does not, in my opinion, render a man incapable, but it is important to determine whether an acute attack has occurred in the presence of a chronic condition, as evidenced by secondary changes in the heart, in such cases if albuminuria be present to any appreciable extent, it would be well to extend the period of incapacity.

Moveable kidney, two cases, both unfit, both had urinary symptoms definitely marked, one with cystitis and general condition was poor.

Stricture of urethria, one case, although at the moment symptoms were not acute, as the man was a seaman and at sea for long periods, until proper dilatation had been carried out, he was considered to be incapable.

There were six cases of uterine prolapse, four were slight and did not interfere with work, one was severe, with ulceration, and the other had been unsuccessfully operated upon. None of the other cases presented any points of interest.

102.

18.

PREGNANCY AND PUERPERAL STATE.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
1		2	6	domestic fit Post. Part. Debility
2		3	1	Fishworker fit Post Partum. Debility.
3		2	3 9	millworker fit Cystitis, Paramet. abber pregnancy-
4		2	10	domestic fit debility. P. P.
5		2	11	domestic imbit. Paramet. Endocerv. P. P.
6		2	1	Housewife fit P. P. Debility
7		2	4	Shop. Assist. fit Amenorrhoea. pregnancy
8		2	1	Ragworker. imbit. Pregnancy. Chorea
9		2	2	Housewife imbit. Pregnancy last month
10		2	1	clerkess imbit Pregnancy. last month.
11		2	1	Provision worker fit P. P. Debility.
12		2	1	Shop Assist. imbit Pregnancy. Hyperemesis
13		2	4	millworker imbit. Pregnancy. last month
14		3	5	Fishworker imbit. Debility post. part
15		3	1	Factory worker fit Debility post part
16		2	1	Factory worker fit Deb. post part
17		2	2	Fishworker imbit Pleumisy. p. p.
18		2	5	domestic imbit Long Deb. p. p.
19		2	5	Shop. Assist imbit Pregnancy. last month
20		2	1	domestic imbit Pregnancy & Varix

DISEASE *The Puerperal State*

No.	Sex.	Age in Years	Duration in weeks	Remarks.
21		2	1	Domestic unbit Debility P. P.
22		2	6	Shop. Assist unbit Anaemia. P. P.
23		2	6	Fishworker unbit. Pregnancy Varix
24		4	1	Fishworker unbit Pregnancy last month
25		2	1	Fishworker unbit. Pregnancy anal fissure
26		1	17	Cornworker fit P. P. Debility.
27		2	7	Provision worker fit Anaemia. P. P.
28		1	1	Mullworker unbit Phlegmasia Alba Dolens
29		2	2	Mullworker fit- Anaemia. P. P.
30		3	2	Cleaner unbit. Pregnancy. last month
31		2	9	Provision worker <del>unfit</del> Pregnancy. & Anaemia
32		2	17	Nurse <del>unfit</del> Pregnancy & Recent lypel
33		1	1	Fishworker fit. P. P. Debility
34		2	2	Fishworker unbit- Pregnancy. Recent. lypel
35		2	1	Domestic unbit- Pregnancy. last month
36		1	1	Mullworker unbit Pregnancy. last month
37		2	1	Baker's Assist. unbit Pregnancy. last month
38		2	1	Shop-assist unbit Pregnancy. Haemorr. fissure
39		2	11	lips Abund. fit Amenorrhoea. 5 mos. Preg.
40		2	3	Factory worker unbit Pregnancy & Varix

## DISEASE . . . The Puerperal State

No.	Sex.	Age in Tons	Duration in weeks	Remarks.
41		3	2	millworker mbit Pregnancy. last month Sackmaker mbit
42		2	1	Pregnancy. - Anaemia Rag. Picker mbit
43		2	1	Pregnancy - Anaemia Domestic Fit.
44		2	3	Pregn. 6 <sup>th</sup> month uncompl.
45		2	9	millworker mbit Pregnancy. last month weaver mbit
46		2	1	Pregnancy. last month weaver mbit
47		2	1	Pregnancy. last month Flax. Dyer Fit
48		1	1	Preg. 8 <sup>th</sup> month uncompl. maid. mbit
49		3	4	Preg. 6 <sup>th</sup> month. Haemorrhage Shop Assist mbit
50		3	5	Preg. 4 <sup>th</sup> month. Hyperemesis Fishworker mbit
51		1	2	Pregnancy. - Anaemia Fishworker mbit
52		2	1	Pregnancy. - Haemorrhoids Factory worker mbit
53		2	5	Post. Part Del Housewife mbit
54		2	1	Preg. last month. weaver mbit
55		3	13	Pregnancy. mbit Sten lumen weaver fit
56		2	1	Anaemia. P. P Provision worker mbit
57		3	1	Pregnancy - Varix. Provision worker mbit
58		2	6	Pregnancy - Hyperemesis Cleaner mbit
59		3	9	menorrhagia P P domestic mbit
60		1	6	Pregnancy. Varix Pbleb



DISEASE .. ~~Puerperal state~~

No.	Sex.	Age in Years	Duration in weeks	Remarks.
61		3	12	Housewife fit- Preg. 7 <sup>th</sup> month uncomplic. Housewife unbit-
62		2	1	Preg. c Varix Fishworker fit
63		1	4	P. P. Deb. Linenworker unbit.
64		2	2	Pregnancy c Varix Fishworker fit.
65		2	2	Debility P. P. Cook unbit
66		4	3	Preg. 9 <sup>th</sup> month Flaxworker unbit.
67		2	1	Preg. 9 <sup>th</sup> month Dairymaid unbit.
68		2	9	Preg. choroiditis optic atrophy Fishworker fit
69		2	1	P. P. Debility Factory worker unbit
70		2	1	Pregnancy c Varix Housewife unbit
71		1	1	Pregnancy 9 <sup>th</sup> month Weaver unbit
72		3	7	Debility P. P. Domestic fit
73		2	13	Debility P. P. Factory worker unbit
74		1	2	Preg. last month Linenworker unbit
75		2	2	Pregnancy c Varix. Train conductor unbit
76		2	2	Preg. c Varix Milkworker unbit
77		1	8	Debility P. P. Domestic fit
78		2	10	Debility P. P. Domestic fit
79		1	1	Pregnancy uncomplic. Milkworker unbit
80		1	2	Preg. c atk. medu



No.	Sex.	Age in Tons	Duration in weeks	Remarks.
81		2	3	Inshore water Pregnancy - albuminuria
82		1	1	Inshore water Pregnancy - Varix
83		2	1	Preg. 6 <sup>th</sup> month uncom: Inshore water
84		2	13	Salpingitis, uterus & Cerv. P. p.

54 cases of pregnancy were examined.

The following were the main complications:-  
with hyperemesis 3, Varix 11, Anal Fissure 2,  
Influenza 2, Anaemia 2, Haemorrhage 1, Haemorrhoids 1,  
Chorea 1, Optic Atrophy and choroiditis 1, Otitis  
Media 1, Albuminuria 1.

The relation of pregnancy to the National Health Insurance Act has given rise to considerable confusion, but uniformity in treatment and outlook is now being brought about. It has been laid down by the highest legal authorities that pregnancy per se does not constitute incapacity.

PREGNANCY PER SE DOES NOT CONSTITUTE INCAPACITY.

Pregnancy associated with some complication due to or accompanying the pregnant state, may render a woman incapable of work, e.g. pregnancy, complicated by anaemia or sickness, if the doctor considers either, severe enough to cause incapacity, renders the woman entitled to benefit. If there be also an accompanying pathological condition not connected with or attributable to the pregnancy, then the doctor if he considers the condition incapacitating shall certify to that effect.

Loss of situation because the woman shows signs of being pregnant does not constitute incapacity. Appearance is not a factor that can be taken into account as constituting bodily disablement, and is outwith the meaning of the Act.

Most Societies, although it is not incumbent upon/

upon them to do so, pay benefit during the last four weeks of pregnancy. If the woman be employed in a factory the doctor ought to consider if the woman's work is of such a kind as to render her incapable, If he considers it is, he should certify her incapable, stating that her work is unsuitable for pregnancy at that stage. Obviously there is a difference between working in a factory with rapid revolving machinery and full household duties. 7th month pregnancy in the former would be highly undesirable to the patient, in the latter might be as highly advantageous.

My personal opinion is very strong that no woman in the last two months of pregnancy ought to be considered capable of remunerative work. There is a very decided difference between working as an employee conforming to time, rules and regulations, and the light employment which most pregnant women feel inclined some part of the day to indulge in. ~~which is allowed under the Act.~~

Pregnancy is said to be a natural process and hence the opinion is held by many, that women should be encouraged to work as if nothing were wrong. It certainly is a natural process, but I think that not sufficient weight is given to the difference between work in terms of recreation and work in terms remuneration. A difficulty also arises when women leave work, are married, and pregnancy occurs during what is known as the "Free Year." What is the work which the patient the incapacity for which/is to be assessed? The work/

work that was done before marriage or the full household duties as a wife, in cases where the old employment is not going to be resumed. Here opinion differs, I feel, that incapacity ought to be assessed in terms of full household duties. If employment is going to be resumed as is common, e.g. in Dundee then the former employment ought to be the determining factor. For the benefit of the Approved Society, in order that they may be helped in every possible way, towards a decision as to whether or not benefit should be paid, the panel practitioner ought always to amplify his certificate stating the month of pregnancy if that is, in his opinion, a factor, or stating the complication from which the woman is suffering. Societies are more than justified in refusing benefit when the certificate merely states that the incapacity is due to pregnancy.

30 cases in the puerperal state were referred,  
 with anaemia 4, post partum debility 20,  
 parametritis 2, pleurisy 1, phlegmasia 1, menorrhagia  
 1, Salpingitis 1, Incapacity following pregnancy  
 lasts for four weeks. Before that time no woman  
 may be employed in a factory. If at the end of 4  
 weeks the patient is still incapable, the doctor  
 must certify to that effect, and state the condition  
 causing the incapacity. Of the 30 cases examined  
 19 were found to be fit. There is no doubt that  
 there is a tendency to prolong incapacity in those  
 cases/



///

cases, and to certify as suffering from anaemia or debility women who are doing all their housework and taking the entire management of their infants.

9.

DISEASES OF THE SKIN.

DISEASES OF THE SKIN.

	<u>Male.</u>	<u>Female.</u>	<u>Fit.</u>	<u>Unfit.</u>	<u>Total.</u>
Psoriasis	0	5	1	4	5
Neuralgia after Shingles.	0	1	1	0	1
Sycosis Menti	1	0	0	1	1
Eczema	3	2	1	4	5
Senile Gangrene.	1	0	0	1	1
Furunculosis	5	1	2	4	6
Acne Rosacea	0	1	0	1	1
Urticaria	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>1</u>
	<u>10</u>	<u>11</u>	<u>5</u>	<u>16</u>	<u>21</u>

P114

TABLE NO. IX  
DISEASES OF SKIN & CELLULAR TISSUE

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	7	5	43	Cleaner imbit Psoriasis
2	7	5	1	Cleaner imbit Psoriasis
3	7	6	6	Glove fit neuralgia fully shingles
4	7	5	59	Cleaner imbit Psoriasis
5	m	2	21	Chemist imbit Lycosismeniti
6	7	2	6	Housemaid bit Psoriasis
7	7	1	1	domestic imbit urticaria
8	7	2	21	Housemaid imbit Psoriasis
9	m	6	14	net fixer imbit Eczema
10	m	2	18	Carpenter imbit Eczema
11	7	4	17	Children's nurse imbit Eczema
12	m	6	54	labourer imbit Scute Gangrene
13	m	1	6	Shoemaker imbit Furunculosis
14	m	4	1	Fishworker imbit Furunculosis
15	m	2	4	labourer fit Furunculosis
16	7	2	10	Clerkess bit Furunculosis
17	m	3	7	Home opener. imbit Eczema. Trade Causation
18	m	3	8	Gardener imbit Furunculosis
19	7	2	20	Fishworker imbit Acne Rosacea
20	m	2	9	Roadmaker imbit Furunculosis
21	7	6	8	nurse bit Eczema



Diseases of the skin number 21.

In estimating whether a patient with a skin affection is capable of work, due regard must be paid to the kind of work. For example, Case No. 5, Sycosis Menti, in an apprentice chemist, although the incapacity had lasted 21 weeks, was certified as unfit as with such a condition he could not serve at a counter. Similarly in cases of Eczema and Psoriasis. If the disease be extensive and under intensive treatment, incapacity should be presumed, and even if of limited extent, as in the case e.g. of domestic workers, if it be on the arms or face, they could not follow their ordinary occupation, and, therefore, ought to be considered incapable of work.

The class of work, therefore, and the extent of the eruption are the two main determining factors.

10.

DISEASES OF BONE AND OF ORGANS OF LOCOMOTION.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	m	1	4	Shoemaker labourer infant Acute Flat Foot
2	f	3	388	Domestic servant infant Ankylosis knee. Cause unknown
3	f	6	26	Milkworker infant Synovitis knee. Trauma
4	f	5	13	Chamberman infant Flat Foot subacute
5	f	2	9	Chemist infant Acute flat foot.
6	m	2	18	Riveter infant Synovitis knee Trauma
7	m	3	12	Plater infant. Synovitis knee Trauma
8	m	2	10	Farm servant fit Flat Foot. now not acute
9	m	4	26	Traveller fit Flat Foot. now not acute
10	m	4	19	Clerk fit Synov. knee. ? Gonorrhoeal
11	f	4	7	Domestic infant Synovitis knee Trauma
12	f	2	6	Domestic infant Fract. int. cuneiform Flat foot
13	f	4	6	Ex Fishworker infant Synovitis knee
14	f	4	46	Waitress infant Flat Foot. double acute
15	m	4	5	Cattleman infant Flat Foot
16	f	5	385	Fishworker infant. Cervical Rib double. neuritis atrophy-
17	f	2	144	Fly dresser infant osteomyelitis Humerus bone grafts
18	m	4	313	Labourer infant osteomyelitis Femur sequestrum
19	f	3	15	Hardener infant osteomyelitis femur sequestrum
20	m	3	6	Hammerman fit Whitlow





Male 12, Female 15, Fit 9, Unfit 18, Total 27.

FLAT FOOT 7.

Flat Foot may be present and has been found to be the incapacitating cause when the condition was looked upon as a Rheumatic Arthritis. The incapacity from flat foot lasts a considerable time, the average duration on benefit of the 7 cases was 17 weeks, and only two were found fit for work.

In his notes on Military Orthopaedics, Sir Robert Jones states that a bad case of acute flat foot should be fit for light duty in three weeks, and for full duty with the heels of the boot raised on the inner side in from six weeks to two months. The acute condition is not recognised and treated by rest, plaster of Paris, etc., and the condition is allowed to become rigid and even osseous.

In only one case was there a history of an injury No. 12, in which there had been a fracture some time previously of the internal cuneiform. and probably the flat foot was due to spasm of the peronei, as described by Sir Robert Jones. The use of properly raised heel and sole, after rest and breaking down adhesions generally renders the patient capable of work.

No. 16 was a case of double cervical rib with brachial neuritis and muscular atrophy on both sides. Her general condition did not warrant operation.

No. 2 was a case of ankylosis of knee of unknown cause, she had been 389 weeks on benefit, but was perfectly capable of some work.

In 17 an excellent result had been gained by the use of a bone graft in an old osteomyelitis with extensive necrosis. It was expected that he would soon be able for his work as a fly dresser.

The other cases call for no comment.

14.

DISEASES - EXTERNAL CAUSES.

DISEASES. *Wholesale*

No.	Sex.	Age in Tons	Duration in weeks	Remarks.
1	m	3	12	Trunk fit Rsw. arm & dir. flexion multiple limb.
2	m	3	35	Rsw. knee subal Chews labours limb.
3	m	3	89	Rsw. Head. Central Initiation Pamper fit.
4	m	2	3	Rsw. Hand labours fit
5	m	2	1	Rsw. Hand Carter fit
6	m	2	15	Rsw. Abdomen Shipyards workers fit
7	m	2	28	Shell shock. hesitancy of speech. Sawmiller limb
8	m	2	22	Amput. thigh. conical stump. neuromata Farm servant limb
9	m	3	31	Rsw. leg. Carter fit
10	m	2	8	Rsw. arm Stone cutter fit
11	m	2	1	Rsw. leg. Carter fit.
12	m	3	8	Rsw. arm Tailor fit.
13	m	3	5	Rsw. Head. occasional Sickness. labours fit
14	m	3	50	Rsw. forearm Clerk limb
15	m	2	55	Rsw. arm. severe nerve involvement labours fit.
16	m	2	34	Rsw. perineum labours limb
17	m	3	324	multiple wounds many breaking down. Coachman limb.
18	m	3	121	Rsw. shoulders. discharging labours limb
19	m	3	25	Rsw. leg. ? mental Science Carter limb.
20.	m	2	69	neuromata leg. stump.



DISEASE *Chromal Cause*

No.	Sex.	Age in Years	Duration in weeks	Remarks.
21	m	2	21	grocer imbit. Elbow Chest. Zuckergandia
22	m	2	43	Blacksmith bit Elbow Head. now no symptoms subjective or objective
23	m	3	13	Slater imbit low thigh extensive eczema
24	m	2	19	labourer bit. fract. fibula &
25	m	2	64	Farm Serv. Fit. Fract. Tibia operation result good
26	m	2	13	Slater imbit Fract. Clav. cpd
27	m	5	41	wood cutter imbit. Fract. Clav. followed by Ischaemic paralysis
28	f	5	5	Paperworker imbit Convulsion
29	m	3	15f	labourer bit. Sprained wrist & elbow (fall)
30	f	2	10	Housekeeper imbit Burns. Cecal. Cont.
31	m	2	7	labourer imbit Gas poisoning
32	m	4	72	engineer imbit very hard
33	m	1	6	carpenter imbit Inj. Hand from explosion
34	f	4	2	machinist bit inj. hand.
35	m	3	34	moulder imbit fract. pelvis.
36	f	6	187	Blacksmith imbit Fract. jaw. sub int max. loss of eye & motor smash-

Diseases due to external causes number 36, Of those 21 were war injuries. Of the latter, 13 were found to be capable of work; most of the men were in process of training, or on treatment allowance, and it does not seem to be generally understood, that the fact of a man receiving training in consequence of disability due to War Service does not in itself entitle to Sickness or Disablement Benefit. Two questions arise in this connection, is the man fit for any remunerative work reasonably available, and what prospect is there of further improvement under treatment? If the disability is likely to improve under treatment, then, in my opinion, the man should get the benefit of the doubt and still be deemed incapable.

Further, it is important to remember that whereas a man at the commencement of training may be quite incapable of work, during the course of the training such improvement in his physical condition as a result may take place as to render him capable of remunerative occupation.

None of the injuries received in civil life call for notice, except No. 27, a fracture of the clavicle with Ischaemic Paralysis.

15.

NEURASTHENIA AND OTHER DISEASES OF ILL DEFINED  
CAUSE.

15.NEURASTHENIA.

Male, 23. Female, 96. Fit, 55. Unfit 64.

Total 119.

Following Surgical Operation	...	...	...	8
Following Shock, Physical or Mental	...	...	...	9
With history of long strain and fatigue.	...	...	...	21
Accompanying Menopause	...	...	....	16
Following upon or accompanied by an infection.	...	...	...	16
War Service	...	...	...	7
With Cardiac Symptoms	...	...	...	26
With evident endocrine disturbance	...	...	...	7
With marked Dyspepsia	...	...	...	9
With visceroptosis, colitis, etc.,	...	...	...	9
With marked psychic symptoms	...	...	...	22



## DISEASES - ill defined.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
1	F	4	203	Domestic Servant. Unbit. associated with menopause. Tachycardia. Exagg. Reflexes. Dressmaker. Fit.
2	F	4	18	Following operation for ovarian tumour. artif. menopause. Unbit.
3	F	2	21	History of overwork. tachycardia attacks of fainting. Charwoman. Fit.
4	F	5	15	associated with menopause. Billiard Marker. Fit.
5	M	2	11	History of severe shock, fire in Billiard Saloon. Dressmaker. Unbit.
6	F	2	13	muscular twitching. psychic sympt.? buried Complex. Housekeeper. Fit.
7	F	3	165	Oper. Hysterectomy.
8	F	4	88	Domestic Servant. Fit. Influenza. Shock, War bereavement. no object. Sym. hysteria. Unbit.
9	F	3	73	Tachycardia Cardiac irreg. History of fatigue strain.
10	F	5	434	Domestic Servant. Unbit. severe Influenza. History of long strain. ? Chronic appendicitis.
11	F	4	64	Unbit. mental depression init. Heart. Some mental excitement. Composer. Fit.
12	F	4	65	Depression, irritable heart muscular fibrositis.
13	F	2	11	Domestic Servant. Fit. with dyspeptic symptoms.
14	F	5	97	Shoemaker. Fit. with dyspeptic symptoms.
15	F	5	152	Housekeeper. Unbit. following Hysterectomy.
16	F	5	92	Provision Worker. Unbit. marked cardiac irritability.
17	F	3	219.	Shop Assistant. Unbit. ovariitis. faintness. marked cardiac subject. symptoms. Paiker. Unbit.
18	F	6	6	History of shock. Foreman. Fit.
19	M	4	13	Shock following upon a burning accident.
20	F	5	22.	Shop Assist. Unbit. Hysterectomy some years ago never been fit since.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
21	F	2	89	Domestic unit. Highly strong. History of Influenza. Dyspept. symptoms.
22	F	3	6	Domestic unit. Recent severe Influenza.
23	M	2	2	Millworker unit. Cardiac debility. Great mental depression. War Service.
24	M	2	1	Labourer. Fit. War service. rather tremulous bleeds irritability.
25	F	2	31	Domestic Fit. unobjective symptoms. General want of vitality.
26	F	3	367	Clerk. unit. Insomnia. loss of will power. long strain of fatigue.
27	F	5	163	Factory worker. Fit. Depression. Tremors. long strain of fatigue.
28	M	3	22	Cornworker. Fit. excitable heart. ins. Vess war service.
29	F	4	390	Shop Assistant unit. menopause. severe mental depression. strain of fatigue.
30	F	4	147	Nurse unit well marked mucous Colitis.
31	F	2	115	Cornworker unit. emotional. depressed. ? Phthisis. bad family history.
32	F	4	30	Laundry worker unit. menopause. debility after Hernia operation.
33	F	6	7	Housekeeper. unit. excitable. emotional. circ poor. History of Fatigue.
34	M	5	18.	Carpenter fit. states injured after lifting heavy weight.
35	F	3	15	Cook. unit. tremors. increased fets. mental depression.
36	F	6	1	Charwoman fit. with mucous Colitis.
37	F	3	21	Printer's Assist. unit. Tachycardia (Paroxysmal) Fatigue.
38	F	2	12	Tailress fit. Torticollis (substitution hennig) Domestic unit.
39	F	4	104	menopause -
40	F	2	25	Domestic unit. tremors. Tachycardia,

No.	Sex.	Age in Years	Duration in weeks	Remarks.
41	F	6	32	Landress. unbit. after hysterectomy. Oversmoker. Fit.
42	F	4	2	Menopause.
43	F	4	14	Rag sorter. Fit. nurse. fibrillitis tremor. (slight). ner. vesks.
44	F	4	28	Housekeeper. unbit. menopause. tremor. depression. Tachycardia.
45	F	2	15	Glove worker. Fit. Hist. of shock. then inability to move R. Arm. Substit. tremor.
46	F	3	234	Shop assistant. fit marked cardiac irritability. history of fatigue.
47	F	4	6	Collector unbit. arise: with menopause.
48	F	3	50	Servant. Fit. menopause, suspect. Eym. prominent.
49	F	3	37	Clerkess. Fit. abdom. Eym. prom. operat. showed no abnormal. long fatigue.
50	M	2	13	Labourer. unbit. marked dyspepsia. Prostatitis dilated colon.
51	F	3	6	Paper worker. Fit. cardiac irritability fibrillitis.
52	F	5	11	Cook. Fit. with mixed mental depression. menopause.
53	M	4	10	Tailor Fit. with mental depression. fatigue history.
54	F	2	8	Clerkess unbit. Tachycardia & cardiac irregularity.
55	F	5	102	Housekeeper. unbit. severe tachycardia. paroxysmal long strain of fatigue.
56	F	2	9	Domestic. Fit. Symptoms mainly suggestive depression.
57	F	1	13	Waitress fit. anaemia general nervousness. Hist. of long hours fatigue.
58	M	3-	15	Labourer. unbit. with tremor marked.
59	F	4	19	Domestic servant. Fit. Colitis moderate in amt.
60	F	6	13	Nurse. unbit. marked confusion. probably cond of Hypothyroidism.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
61	F	5	23	Charwoman. unfit; cardiac debility, history of influenza.
62	M	4	32	Holder up. Fit; some cardiac irritability, dyspepsia.
63	F	2	34	Barmaid. unfit. with well marked hypertrophy & fibrosis
64	M	3	31	Labourer. unfit. depression, anaemia. war dream.
65	F	4	201	Nurse unfit. alternating depr. excitement. bad fam. Hist. fright in childhood. Stomach. Fatigue.
66	F	5	24	Interworker. Fit after operation. uterine polyhus.
67	F	6	26	Housekeeper. Fit. rather poor circulation. very introspective.
68	F	4	7	Domestic Servant Fit. Circulation rather poor. depressed.
69	F	3	58	Paper worker. Fit. following operation uterine prolapse.
70	F	2	18	Clerkess. Fit. following influenza.
71	F	5	7	Caretaker Fit- menopause.
72	M	2	23	Shop Assistant Fit. was sewist. ? buried mental complex.
73	M.	2	133	Draper unfit. with functional leg paralysis after fall (substit. nervous).
74	F	3	7	Interworker Fit. Tachycardia.
75	F	6	202	maid. unfit. Tachycardia. palpitation. Card. dilat. Fatigue.
76	F	4	10	Cleaner unfit. Tachycardia. subcutaneous phlegm. Rheumatism.
77	M.	5	22	Foreman. bit. depression. long hours hard work & fatigue.
78	F	4	148	Dressmaker unfit. neuritis left arm. Fatigue.
79	F	2	186	Domestic Servant. Fit- with evidence of Hypothyroidism.
80.	M	5	56.	Labourer unfit. mental depression. mer. probs. feeble circulation.



No.	Sex.	Age in Years	Duration in weeks	Remarks.
81	F	4	20	Cleaner. Fit. depressed, apprehensive. menopause.
82	M	3	7	Insurance Agent. unfit. depressed, poor circulation history of accident.
83	F	5	24	Charwoman. Fit. associated with menopause.
84	F	2	15	Typist. Fit. depressed, history of strain of fatigue.
85	M	4	9	Engineer. Fit. Tachycardia, irreg. verbs.
86	F	2	60	Domestic unfit. History of fall, pain in spine evid. a subspinal neuritis
87	F	5	7	Cook. fit. with fibrositis
88	M	3	4	Labourer. fit. with fibrositis.
89	F	2	3	Typist. unfit. Tachycardia, card. irritability.
90	M	6	34	Salesman unfit. Following severe Influenza
91	F	5	23	Housekeeper. Fit. marked fissure Development.
92	F	1	12	Housekeeper. Fit. Tachycardia, dyspepsia.
93	F	2	9	Dressmaker unfit. emotional, depressed. irreversible Kidney. Fatigue.
94	F	1	16	Domestic. Fit. Cardiac irritability.
95	F	3	44	cardiac irritability, unfit Dyspeptic symptoms
96	F	2	10	Domestic Servant unfit well marked "Air Sucking"
97	F	1	14	Domestic unfit. with endocrine dist. dysmenorrhoea etc.
98	F	5	26	Dressmaker unfit Colitis. Strain of fatigue.
99	F	3	15	Housekeeper unfit History of Influenza.
100	F	5	2	Domestic Servant unfit menopause.

No.	Sex.	Age in Years	Duration in weeks	Remarks.
101	F	4	12	Cleaner unbit. menopause.
102	F	4	5	Domestic unbit. menopause Hypertrophia.
103	M	3	10	Traveller. unbit. Colitis. Tachycardia. War Service.
104	F	3	34	Domestic unbit. Dysmenorrhoea. Dilated Caecum. Visceroptosis.
105	F	4	33	Chambermaid Fit. menopause Recent typhus.
106	F	5	9	Domestic. Fit. Mental depression. Dyspepsia.
107	F	2	30	Telephonist unbit. Tonsils enlarged & Septic.
108	F	5	51	Tape Finisher unbit. Fatigue. Hypothyroidism.
109	F	2	9	Textile Worker. unbit. Dysmenorrhoea. Dilated Caecum. Visceroptosis.
110	F	4	15	Domestic Servant Fit. Mental depression.
111	F	3	9	Shop Assistant. Fit. Dilated Caecum. Mobile Kidney.
112	F	2	38	Clerks unbit. Great emaciation. condition of anorexia nervosa.
113	M	4	12	Labourer. unbit. Cardiac irregularity Tachycardia.
114	F	2	39	Bag. Maker unbit. Cardiac irreg. Diminution of renal fald. Fatigue.
115	M	2	10	Grocer unbit. Shammy. Nervous. depression. War Service.
116	F	5	35	Dressmaker unbit. Tachycardia. Extrasystoles.
117	F	4	42	Laundrymaid. unbit. Hyperthyroidism.
118	F	4	52	Chambermaid unbit. marked Dyspepsia.
119	F	3	10	Dressmaker. Fit. neuritis arm. depression
120	M	5	35	Combworker. Fit. Lumbago.



In the classification of diseases, neurasthenia comes under the heading as "Diseases due to an ill defined cause". Recent work moreover is credited with extracting from what is termed the "Rubbish heap of neurasthenia" many of the cases classified as such and grouping them as Anxiety Hysteria, Conversion Hysteria, etc.

Now, whereas from the point of view of treatment, such sifting is very necessary, and is scientifically highly desirable, I cannot help feeling strongly that however different the type of symptoms, mental and physical may be, many of the different types have a similar root cause.

The number of the cases in the series is 119. Male, 23. Female, 96. Fit, 55, Unfit, 64.

Neurasthenia, therefore, is not a disease of the idle and leisured, of the highly developed mentally, and of the introspective. It is found well developed in the wage earner, the manual worker as well as the brain worker.

From inquiry into antecedents it would appear as though heredity does not, in the manual worker play as important a predisposing role. Fatigue, on the other hand, as a cause is important, and in 21 cases long strain and fatigue had been definitely present.

The relationship of fatigue to mental and physical processes has recently attracted much attention, and at present there is a "Committee on Industrial/



Industrial Fatigue" working at the problem. A state of fatigue produced either by excessive exertion or by what, under our present working conditions is not sufficiently realised, monotony, is an undoubted cause of not only Industrial accidents, but also directly produces a neurasthenic state.

Fatigue is clearly not a local condition, nor is there any real ground for distinguishing between mental and bodily fatigue, both the mental and bodily systems are involved, and while one may tend to dwarf the other, it is only a question of degree. The fatigue point, moreover, when looking at the individual organisation as a whole, and not as a part, (as is done by the physiologist, in the well known "nerve and muscle experiment") is in the sensorium, in all probability at the synapses, which act as fatigue points in the brain, just as the end plate of the nerve serves that purpose in the muscles. If the synaptic resistances are overcome by long continued strain, then the impulses may go along any of the association fibres, and hence the multifarious manifestations of the disease.

The menopause was found to be a cause in 16 cases, War Service in 7, following operation 8, shock, mental or physical in 9, following upon or accompanied by an infection in 16, in many no definite cause could be elicited, cardiac symptoms were prominent in 26 cases, in 9 there was well marked/

marked dyspepsia, colitis visceroptosis, etc., symptoms psychical in character in 22, with evident endocrine disturbance in 7.

I cannot help being struck with the severity of the symptoms following operations, especially those resulting in the production of the artificial menopause. The neurasthenic debility after operation is a frequent cause of prolonged incapacity, and persists much longer than is commonly supposed. Naturally, it is a condition which comes most conspicuously under the notice of the General Practitioner.

The role of endocrine secretion is important, and probably with increasing knowledge will prove to be more so, as the process of fatigue for example, is a general one, it follows that the sympathetic nervous system shares in the general stimulation and subsequent exhaustion. Perverted or exhausted secretion is probably a prominent factor in the menopause, and in 5 of the other cases, there were signs suggestive of diminished or increased glandular action.

No disease presents from the point of view of capacity for work a more difficult problem. The "get to work and forget your ailment school" is scientifically wrong, apart altogether from the harshness of its code. When well marked objective symptoms are present, such symptoms as tachycardia, especially if paroxysmal in nature, well marked exaggeration of all the reflexes, <sup>such</sup> definite mental symptoms/

symptoms, (apart from the general lassitude and disinclination for exertion invariably present) such as complete paralysis of the will to work, want of power of concentrated effort, well marked depression, fears or anxieties along with the typical small feeble toneless neurasthenic pulse, then, I think, incapacity must be presumed. If a septic focus is present, or a recent infection, as was noted in 16 instances, this should be combated and removed, if possible, be the infection from pyorrhoea, septic tonsils, or intestinal intoxication. The removal, however, must be followed by a period of time before any good results are noted, and incapacity should be prolonged in consequence. When definite objective symptoms are not present, no demonstrable septic focus, or history of a recent infective disease, then the patient should be considered to be capable.

Borderland cases, however, there will undoubtedly always be, in them work should be tried as a tentative measure, it frequently gives the necessary stimulus to recovery.

I am certain, however, that the method of giving the advice to return to work is all important. The neurasthenic must understand that the advice is given with the full realisation on the part of the adviser that work is being attempted under a handicap, and with the edge of health blunted. If the advice is given without that understanding sympathy on the part of the adviser there is/

is at once aroused an antagonism in the mind of the patient, which completely defeats the end in view.

Frequently, the idea of work may only be hinted at, and pointed out as the last step towards recovery. In one of the worst cases of the series, a girl who had been off for nearly a year, this plan was adopted, three or four weeks after her visit work was attempted, and she has worked steadily since. Meantime the treatment of the disease is inefficient and perfunctory, and it certainly would appear as though partly on that account, the working capacity of those patients is unduly prolonged, and ruthlessly wasted.

Finally, no case ought to be labelled neurasthenia unless serious disease has been carefully eliminated. Cerebral tumour, early insular sclerosis, early G.P.I. carcinoma of the mediastinum and of the head of the pancreas, early granular kidney and arterio sclerosis have all been in my experience looked upon as "pure neurasthenia". The remaining cases diagnosed as lumbago and pleurodynia, call for no comment, except that the symptoms were all subjective, and that the incapacity had lasted far too long.



LIGHT WORK.

The question of light work is one of great difficulty, and there is no doubt that to certify a patient capable of light work, and light work only, frequently confers a hardship upon him, and also raises a difficult problem for the Approved Society.

Such qualification of fitness for work, however, has proved in my opinion, to be absolutely necessary, having a wide application in that it embraces cases:-

1. Convalescent from acute illness.
2. In whom accident or disease has rendered a timeous change of occupation necessary.
3. Suffering from chronic diseases of all kinds, progressive and non-progressive.
4. In whom light work ought to be tried in virtue of its possible curative effect, a class embracing many of the psychasthenics and neurasthenics.
5. Showing signs of advancing years, natural or premature, either <sup>as</sup> a general degenerative process, or a degeneration more or less limited to one system. The latter are on a plane of health which constantly varies, the former are handicapped, but are able to do light work, if at all suitable fairly consistently.

Sometimes an Approved Society takes a report "fit for light work" to mean that the insured person is/

is no longer entitled to benefit, and benefit is promptly stopped. On the other hand, I have frequently found that when light work, involving a timeous change of occupation is certified, benefit is continued for a varied period, during which light work is sought.

I feel very strongly that while a Medical Referee or Panel Practitioner has no responsibility in respect of payment of benefit, or the availability of work, there is a wider and broader responsibility in refereeing and certifying cases than the purely medical one, a responsibility which ought to be taken, if the medical opinion is going to be just and reasonable.

There are signs, moreover, that an attempt to adjust this qualified physical fitness to the remunerative conditions of work is being made. In this country and also in America, in some of the large industrial concerns, light jobs are kept for those capable only of light work, the heavy work is done by those physically fit. The allocation of work is done under medical supervision, periodic examination of the workers is made; in this way physical capacity is assessed in a scientific manner. The adoption of some such principle, must in time raise the mean age of physical fitness, will heighten the plane of health of the worker, and will be a preventive measure of wide and far reaching scope.

CONCLUSIONS AND SUMMARY.

142  
CONCLUSIONS.

(1) One of the important and integral duties of every practitioner who takes service under the National Health Insurance Act is to assess Physical Capacity or Capacity for work.

(2) That, while work is not defined by the Act, and while there is not perfect agreement as to what constitutes incapacity, and how far, or to what extent, each disease modifies the ability to follow remunerative employment, it eventually must be a medical question, and the panel practitioner is alone competent to decide whether a physical ailment constitutes incapacity or not.

(3) Estimation of capacity must be gauged by careful consideration of the symptoms, by an accurate observation of the physical signs, by a general knowledge of the disease present and the stage reached and by, as far as possible, the individual consideration of each case, and the class of work to be followed.

(4) The value of the National Health Insurance Act, as a preventive measure, as a means of testing the efficacy of preventive measures in so far as it increases the working capacity on the part of each civic unit, and as one guide as to the age at which working capacity should cease is touched upon.

(5) The area from which the 1200 cases of incapacity has been drawn is shortly described, and a map pointing out the boundaries of the area is appended/



(5) The cases are classified according to the classification agreed upon by the International Commission, Paris, Oct. 14th 1920.

The sex, age in tens, length of time on benefit in weeks, occupation, whether fit or unfit is given in each case, and any interesting clinical findings are added;

(6) Each table is considered seriatim, and clinical signs and symptoms that have been of assistance in estimating capacity are noted, as well as points of interest in diagnosis and treatment.

(a) Epidemic, Endemic and Infectious Diseases -

Phthisis has been fully considered; the capacity for work depends on the presence of activity of the disease. The danger of diagnosing phthisis is when there is merely a fibroid condition of the right apex. The difficulty for finding suitable work for cases that have come out of a Sanatorium, the co-operation of a masseur trained in remedial exercises attached to each County Authority, are dwelt upon.

Influenza. The importance of the necessity for care in the treatment, and during the convalescent period, the fact that though the initial infection be slight, the sequelae may be serious, and the danger of the disease in cases of arterio-sclerosis, and in those suffering from previous cardiac disease is insisted on. Analysis of the cases during

1922 who gave an attack of influenza as a cause of their incapacity is attempted. The following conclusions are arrived at:-

(1) That the disease, mild as well as severe, be most circumspectly treated.

(2) That a too early return to work is not advisable.

(3) That the last epidemic appeared to have circulatory sequelae.

(4) That if any system showed the presence of disease, aggravation of the disease, sometimes serious, was apt to supervene.

(5) That the disease in those past middle life must be looked on as a serious one.

(b) General diseases not included in Table 1:-

Arthritis.-

A common cause of incapacity and the cause of the great loss of productive work. While many cases are infective in origin, probably some are degenerative in nature, and frequently accompanied by other signs of degenerative change.

If the disease be acute, progressive, with a demonstrable infective focus, work is out of the question. If the condition be mainly extra-articular, if the condition be quiescent, and the stiffness due to adhesions from the previous inflammation, then vigorous movement should be instituted, and work attempted as speedily as possible.

Fibrositis forms many of the cases diagnosed as/

as arthritis and neuritis. Many are accompanied by a general neurasthenic state, an infective focus is frequently found. Most are capable of work.

Anaemia is far too loosely diagnosed. In no instance ought a full examination of the chest be neglected and so a tubercular infection missed.

Exophthalmic Goitre - working capacity depends on the cardiac state, and evidence of cardiac exhaustion.

(c) Diseases of the Nervous System -

Several cases of mental disorder included. Working capacity depends on the presence or absence of acute or subacute symptoms, whether mental enfeeblement is present as an accompaniment or a result and on general physical condition. Cases of Hysteria, Freudian in type, are cited. The prominence of mental symptoms after Encephalitis Lethargica is pointed out. Epilepsy, as presenting great difficulty in estimating capacity, is specially dwelt upon. As contraindications to work I would postulate:-

- (1) Signs of mental enfeeblement,
- (2) Frequent and regular seizures,
- (3) Seizures severe with mental sequelae,
- (4) Seizures result of organic disease.

Insular Sclerosis found to be the commonest cause of incapacity in Nervous Diseases.

(d)/

(d) Diseases of Circulatory System -

Mitral Stenosis is the most common cardiac lesion. It is frequently missed. Working capacity frequently is broken in upon by failure of compensation. Nine cases were accompanied by auricular fibrillation.

Myocarditis - in 19 cases was degenerative in nature, probably from focal arterio-sclerosis.

Arterio-Sclerosis - 70 cases, generally aged between 60 and 70. The disease is insidious in onset, frequently accompanied by muscular pains (intermittent claudication). Examination of Brachials generally reveals arterial change. Estimation of working capacity in circulatory cases depends on the condition of the heart muscle and the presence of compensation.

Varicose Veins - a common cause of incapacity. The possibility of malignant degeneration in a varicose ulcer must be borne in mind.

(e) Diseases of the Respiratory System -

Bronchitis and Asthma the commonest disease causing incapacity. Work is very intermittent, is subject to climatic conditions. Incapacity is permanent when secondary change is marked. The question of tubercle ought always to be raised.

(f) Diseases of the Digestive System -

Gastric and Duodenal Ulcer and appendicitis the commonest/



commonest diseases. Average length of time on benefit of the former 76 weeks. Seven cases after gastro-enterostomy still incapacitated. The disease in the early stage not treated medically by sufficiently drastic measures. After operation the after treatment is not directed to the frequent hyperchlorhydria and gastric dilatation.

Appendicitis - Incapacity found to average 24 weeks. Operation in acute cases still too long delayed, after treatment of the occasional accompanying hyperchlorhydria and gastric dilatation is neglected.

(g) Diseases non-venereal of the Genito Urinary System and Annexa - a small class calling for no special comment. Albuminuria after an attack of acute nephritis no bar to work, but care should be taken to eliminate an acute attack superimposed upon a chronic condition.

(h) Pregnancy and Puerperal State - Pregnancy per se is not a disease, no distinction is to be made, however, between incapacity due to pregnancy and due to any other cause. In my opinion work during the last two months of pregnancy ought not to be done, the difference between work in terms of recreation and in terms of remuneration being clearly understood. The puerperium is supposed to last one month. Post puerperal debility is too commonly certified as a cause of incapacity.

(i) Diseases of Skin - Few in number.

Rarely/

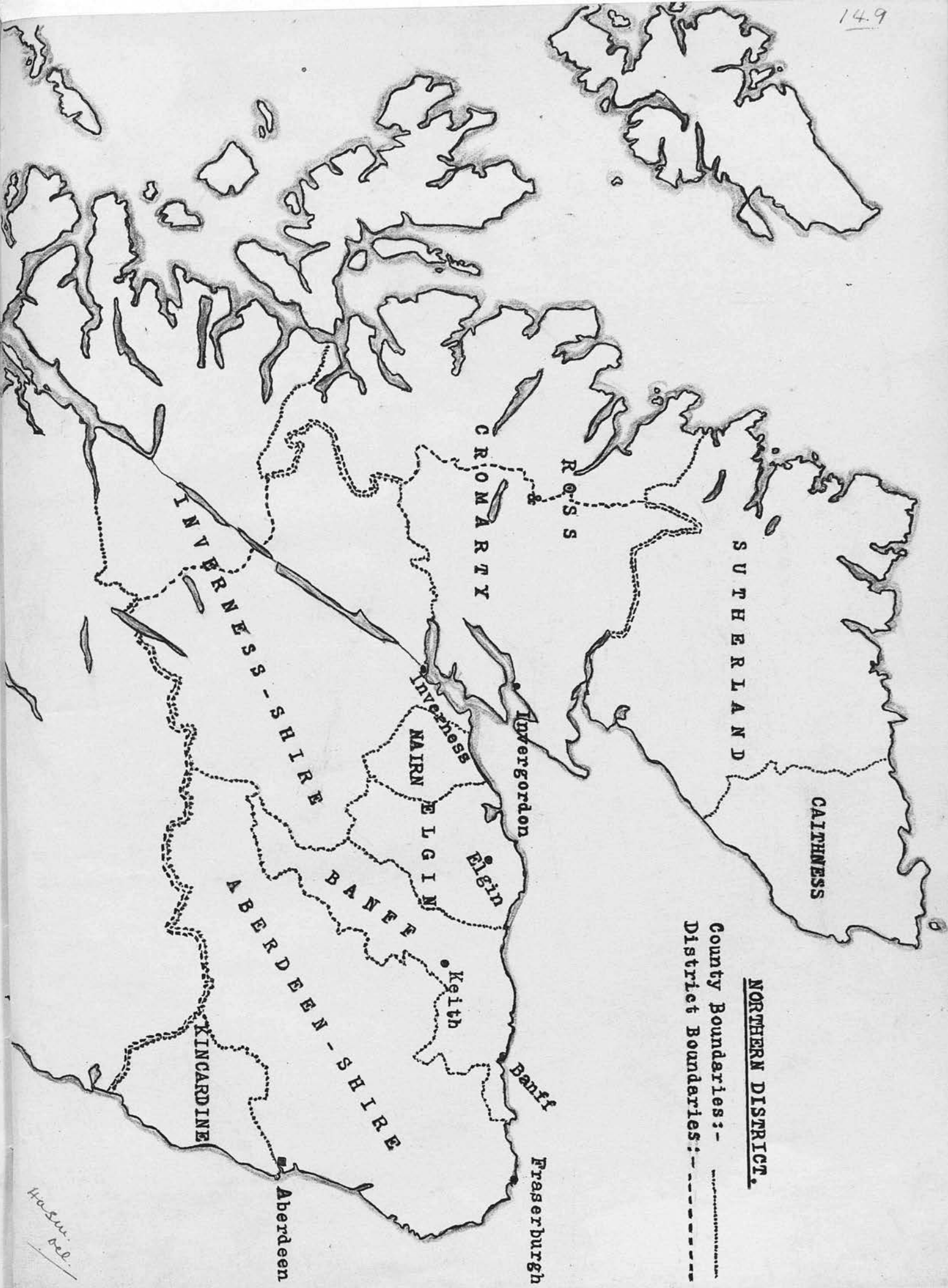
Rarely per se incapacitating, but taken in conjunction with kind of work not unfrequently so.

(j) Diseases of Bone and Locomotory System - Small Class. Flat foot commonest disability. Failure to treat thoroughly in early acute stage, and correct deformity by proper modification of boots, results in an avoidably protracted incapacity.

(k) Diseases due to External Causes - Majority due to War injuries. Training does not in itself entitle to benefit. Incapacity must also be present. During training such improvement may take place as to render a man capable.

(l) Neurasthenia - A large number of cases - is not a disease of the idle and leisured only, fatigue, monotony and strain all definite causes. Endocrine disturbance at the menopause a potent factor. Fatigue is a general condition, in rare cases a local one; probably the synapses constitute the fatigue points in the brain. No cases are more difficult to assess; borderland cases are common. The "forget your ailment and return to work" school misunderstands the condition. Success in persuading the patient to return to work depends frequently on the manner the advice is tendered.

(m) Light work - the necessity for the qualification, whether or not it constitutes an injustice to the insured person, and the kind of cases to which the qualification should be applied are touched upon.



**NORTHERN DISTRICT.**

County Boundaries:-

District Boundaries:-

Haslam del.